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ł	DISTRIBUTION				
	SANTA FE		DNSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110	
	FILE		AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS	
	LAND OFFICE				
	TRANSPORTER GAS				
	OPERATOR		,		
1.	PRORATION OFFICE			·····	
	Operator				
	Atlantic Richfield Comp Address				
	. O. Box 1710, Hobbs, New Mexico 88240				
Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of: Oil Dry Gas			
-	Recompletion X Change in Ownership	Oil Dry Gas Casinghead Gas Conden			
	If change of ownership give name and address of previous owner			•	
LE .	DESCRIPTION OF WELL AND I Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Leas	se Lease No.	
	State "F" DE	1 Eumont Queen G	as State, Feder	^{gl or Fee} State B-1511	
	Location				
	Unit Letter E ; 231	0 Feet From The North Line	e and <u>330</u> Feet From	The West	
	Line of Section 19 Tow	mship 21S Range 3	6Е , ммрм, Lea	County	
Π.		TER OF OIL AND NATURAL GA	S Address (Give address to which appro	med come of this form is to be sent	
Name of Authorized Transporter of O.1 or Condensate Address (Give address to which appr					
	Name of Authorized Transporter of Casinghead Gas or Dry Gas 🔀		Address (Give address to which approved copy of this form is to be sent)		
	Northern Natural Gas Co	mpany	Box 2370, Hobbs, New Me	exico	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wi	len	
	give location of tanks.	E 19 21S 36E	Yes	12/6/76	
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:		
▼.		(V) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio			X	
	Date Skuthed VO commenced	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. 3625 '	
	10/13/76 Elevations (DF, RKB, RT, GR, etc.)	10/19/76 Name of Producing Formation	3918' Top Oil/Gas Pay	Tubing Depth	
	3635' DF	Yates 7Rivers Queen Gas	3380'	3504 '	
	Perforations			Depth Casing Shoe 3761' Casing	
	3380, 83, 8 7, 3400, 10,	22, 29, 40, 70, 76, 86,	92, 96, 3538, 3544	3918' Liner	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	No change in casing				
		2-3/8" OD	3504 *		
		1			
v	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oi	l and must be equal to or exceed top allow-	
OIL WELL able for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	<i>L</i> [], <i>E</i> [C,]	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water-Bble.	Gas - MCF	
	l		L		
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	490	24 hrs	1	32.0 ⁰ Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in) 400#	Casing Pressure (Shut-in) 200#		
VT	back pr CERTIFICATE OF COMPLIAN			ATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED, 19		
			BY		
	-		TITLE		
			This form is to be filed in compliance with RULE 1104.		
I to Anackellond If the			If this is a request for allo	If this is a request for allowable for a newly drilled or deepened	
	(Signa	ature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	Accountant I		All sections of this form must be filled out completely for allow-		
	(Tüle) 12/7/76		sble on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner,		
(Date) well name or number			well name or number, or transpo	rter, or other such change of condition.	
			Separate Forms C-104 mu	at be filed for each pool in multiply	

FERENCED

1976

OIL CONSERVANCH COMM. HOBBS, N. M.