NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 ANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11 Effective 1-1-65 ILE **AND** J.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Atlantic Richfield Company Address P. O. Box 1710, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: 03/16/74 Phillips Effective: Recompletion 011 Dry Gas Effective: 03/21/74 Ashland Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Legse No. Eunice Seven Rivers Queen So. | State, Federal or Fee 10 Seven Rivers Queen Unit 1980 Feet From The South Line and 1980 East Unit Letter___ Feet From The Line of Section 27 Township 22S Range 36E , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil X O. Box 1510, Midland, Texas 79701 Texas New Mexico Pipeline Company or Dry Gas Address Give address to which approved copy of this form is to be sent Phillips Bldg., 4th & Washington, Odessa, TX 79760 P. O. Box 1503, Houston, Texas 77001 Is gas actually connected? When PP 03/16/74 Name of Authorized Transporter of Casinghead Gas X Phillips Petroleum Company Ashland Chemical Company P.ge. Sec. Twp. If well produces oil or liquids, give location of tanks. 03/16/74 03/21/74 When PP 22 936 34 Yes ACC Ŧ If this production is commingled with that from any other lease or pool, give commingling order number: R-663 & R-4671 IV. COMPLETION DATA Gas Well Workover Oil Well New Well Deepen Plug Back | Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE SACKS CEMENT HOLE SIZE DEPTH SET (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Date of Test Casing Pressure Choke Size Tubing Pressure Length of Test Ggs - MCF Oil-Bble. Water - Bbls. Actual Prod. During Test **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

OIL CONSERVATION COMMISSION

Choke Size

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.

Tubing Pressure (Shut-in)

TITLE . This form is to be filed in compliance with RULE 1104.

Casing Pressure (Shut-in)

APPROVED

BY_

Senior Accounting Clerk

March 27,

(Title)

(Date)

1974

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply