

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-11  
Effective 1-1-65

|                  |     |  |
|------------------|-----|--|
| ANTA FE          |     |  |
| FILE             |     |  |
| U.S.G.S.         |     |  |
| AND OFFICE       |     |  |
| TRANSPORTER      | OIL |  |
|                  | GAS |  |
| OPERATOR         |     |  |
| PRORATION OFFICE |     |  |

I. Operator  
Atlantic Richfield Company  
Address  
P. O. Box 1710, Hobbs, New Mexico 88240  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☒ Condensate ☐  
Other (Please explain)  
Effective: 03/16/74 Phillips  
Effective: 03/21/74 Ashland

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|   |                |   |  |           |
|---|----------------|---|--|-----------|
| Lease Name<br>Seven Rivers Queen Unit   | Well No.<br>16 | Pool Name, Including Formation<br>Eunice Seven Rivers Queen So. | Kind of Lease<br>State, Federal or Fee Fee | Lease No. |
| Location<br>Unit Letter P ; 330 Feet From The South Line and 330 Feet From The East<br>Line of Section 27 Township 22S Range 36E , NMPM, Lea County |                |   |  |           |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Texas New Mexico Pipeline Company                              | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 1510, Midland, Texas 79701   |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Phillips Petroleum Company<br>Ashland Chemical Company | Address (Give address to which approved copy of this form is to be sent)<br>Phillips Bldg., 4th & Washington, Odessa, TX 79760<br>P. O. Box 1503, Houston, Texas 77001 |
| If well produces oil or liquids,<br>give location of tanks.<br>Unit I Sec. 34 Twp. 22 Rge. 36  | Is gas actually connected? When<br>Yes PP 03/16/74<br>ACC 03/21/74   |

If this production is commingled with that from any other lease or pool, give commingling order number: R-663 & R-4671

IV. COMPLETION DATA

|                                      |                             |          |                 |          |        |                   |             |              |
|--------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|-------------|--------------|
| Designate Type of Completion - (X)   | Oil Well                    | Gas Well | New Well        | Workover | Deepen | Plug Back         | Same Res'v. | Diff. Res'v. |
| Date Spudded                         | Date Compl. Ready to Prod.  |          | Total Depth     |          |        | P.B.T.D.          |             |              |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation |          | Top Oil/Gas Pay |          |        | Tubing Depth      |             |              |
| Perforations                         |                             |          |                 |          |        | Depth Casing Shoe |             |              |
| TUBING, CASING, AND CEMENTING RECORD |                             |          |                 |          |        |                   |             |              |
| HOLE SIZE                            | CASING & TUBING SIZE        |          | DEPTH SET       |          |        | SACKS CEMENT      |             |              |
|                                      |                             |          |                 |          |        |                   |             |              |
|                                      |                             |          |                 |          |        |                   |             |              |
|                                      |                             |          |                 |          |        |                   |             |              |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)


|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size            |

VI. CERTIFICATE OF COMPLIANCE

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.

  
(Signature)  
Senior Accounting Clerk  
(Title)  
March 27, 1974  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_

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