	ANTA FE		ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65
	I.S.G.S. AND OFFICE OIL	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	SAS
•	OPERATOR PRORATION OFFICE			
	Atlantic Richfield Company Address P. O. Box 1710, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) Additional Other (Please explain)			
	New Well Recompletion Change in Ownership	Casinghead Gas X Conder		5/74 Phillips
	If change of ownership give name and address of previous owner			·
	DESCRIPTION OF WELL AND I Lease Name Seven Rivers Queen Unit	Well No. Pool Name, Including F	ormation Kind of Lease ivers Queen So. State, Federa	-
	Location Unit Letter L : 198	BO Feet From The South Lin	ne and 660 Feet From	The West
	Line of Section 27 Tow	mship 22S Range	36E , NMPM, LO	ea County
111.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (Give address to which appro	
	Texas New Mexico Pipeline Company Name of Authorized Transporter of Casinghead Gas x or Dry Gas Address (Give address to which approved copy of this form is to be sen Phillips Petroleum Company Ashland Chemical Company Ashland Chemical Company Init Sec. Twp. Rec. Is gas actually connected? Phillips Petroleum Company Ashland Chemical Company Init Sec. Twp. Rec. Is gas actually connected? Phillips Petroleum Company Is gas actually connected? Phillips Petroleum Company Is gas actually connected? Phillips Petroleum Company Phillips Phillips Phillips Petroleum Company Phillips Phi			shington, Odessa, TX 79760 Texas 77001
	If well produces oil or liquids, give location of tarks. I 34 22 36 Yes 03/21/74 Ashland			
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: R-663 & R-4671 COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completic	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, AN	D 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 allow 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 l	ift, 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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-ia)	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.

Senior Accounting Clerk (Title)

(Date)

March 27, 1974

APPROVED.

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.

OIL CONSERVATION COMMISSION

Orl

Jee D. Alexay Dist. 1, Supv

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

ible 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