DISTRIBUTIO			
BANTA FE			
FILE			
V.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
INAMPORTER	GAS		
OPERATOR			Ш
PRORATION OFFICE			لــــا
Constitut			

NEW MEXICO DIL CONSERVATION COMPASSION REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Porm C-104 Supercodes Old C-104 and C-11 Effective 1-1-65

	LAND OFFICE	,	1										
١	TRANSPORTER	GAS	+ +			•							
ŀ	OPERATOR	1 0 20	╅					-					
1.	PRORATION OF	FICE	1 1										
•	Operator	Sperator											
	Address AD												
	ARG	ARCO Oil and Gas Company Division of Atlantic Richfield Company											
	Reason(s) for filing	(Check	proper	box))	Ot	her (Please	explain)					
	New Well				Change in Transporter of:								
	Recompletion				Oil Dry Gas	_	Effect	ive 5-1-84					
	Change in Ownershi				Casinghead Gas Condens	we []							
	If change of owner	ship giv	ve nam	ne									
	and address of pre-	vious o	wner_										
111	DESCRIPTION C	OF WE	LL A	ND.	LEASE			I was a second		·····	Lease No.		
	Lease Name				Well No. Pool Name, including For		_	Kind of Lease State, Federal	nt Fee -	_	Lease No.		
	Seven River	s Que	en U	nit	14 Eunice Seven Ri	vers Ou	South	10.0.0,		Feel			
	Location					1	980	Feet From Ti	w West				
	Unit Letter	<u>N</u>	_;	6	660 Feet From The South Line	œno <u> </u>							
	Line of Section	27		To	waship 22S Ronge	36E	, NMPM	<u>. </u>	Lea		County		
█.	DESIGNATION (OF TR	ANSP	OR	TER OF OIL AND NATURAL GAS	Address (Gi	ve address	to which approve	d copy of this	form is to	be sent)		
	None of Authorized					P.O.Box	2528.	Hobbs, New	Mexico 8	88240			
		Texas New Mexico Pipeline Co. Name of Author: 2ed Transporter of Casinghead Gas Cor Dry G						Address (Give address to which approved copy of this form is to be sent)					
	Getty Oil C	о.				IP.O. Box 1231, Midland, Tx. 79702 4001 Penbrook Odessa Tx 79769 Is as actually connected? When Box 1509, Tulsa, 0k. 741							
	Phillips Pe			٥.,	1000		illy connect						
	I was become of to	~ b a			I 34 22 36	Yes	W		16/74 Ph /84 Gett		, 3/25/60		
	If this production	is com	mingle	d wi	ith that from any other lease or pool,	ive commit	igling orde	r number	R-663/R	<u>-4671</u>			
IV	COMPLETION	DAIA			Oil Well Gas Well	New Well	Workover	Deepen	Plug Back	Same Res	v. Diff. Restv		
	Designate T	ype of	Comp	leti	on - (X)		1	<u> </u>			1		
	Date Spudded			_	Date Compl. Ready to Prod.	Total Depth)		P.B.T.D.				
						Top Oil/Go	r Dev		Tubing Depti				
	Elevations (DF, R.	KB, RT,	GR, e	tc.j	Name of Producing Formation	165 017 30	is Fuj			-			
									Depth Casin	Shoe			
	Perforations												
					TUBING, CASING, AND	CEMENTI					· · ·		
	HOL	E SIZE			CASING & TUBING SIZE		DEPTH	SET	5A	CKS CEM	ENI		
•	TEST DATA A	TEST DATA AND REQUEST FOR ALLOWABLE (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)											
OIL WELL									t. etc.)	·			
	Date First New O	il Run T	o Tank		Date of Test	7.00000			•				
	7-1				Tubing Pressure	Casing Pri	*******		Choke Size				
	Length of Test												
	Actual Pred. Duri	ing Test			Oil-Bbls.	Water - Bbl	₿,		Gas - MCF				
						1		· - · - · · · · · · · · · · · · · · · ·					
	GAS WELL	t-MCF	<u>/D</u>		Length of Test	Bbls. Con	densate/MM	ICF	Gravity of C	codenacte			
	Actual Prod. 10	ot- MC. /							<u> </u>				
	Testing Method	(pitot, be	ack pr.,	,	Tubing Pressure (Shut-in)	Casing Pr	essure (Sh	st-in)	Choke Size				
						 			7:01:00	446610	<u> </u>		
V	I. CERTIFICATI	. CERTIFICATE OF COMPLIANCE						CONSERVA					
						APPROVED JUN 1 3 1984							
		I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			Eddie W. Seay								
	Commission have been complete with and that the wild above is true and complete to the best of my knowledge and belief.					Eddle W. Seay Oli & Gas Inspector							
					.99	TITLE							
						T	is form is	to be filled in	compliance t	with RUL	E 1104.		
	D. L. Shackelford					11		equest for allow	IGIGA DV S IS	IDMINISTRUM I	DI CHA A. 12-11		
						well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with RULE 111.							
Engrg. Tech. Spec.						All sections of this form must be filled est completely for allo able on new and recompleted wells.							
	(Title) 6-8-84 (Date)						Fill out only Sections I. II. III. and VI for changes of own- well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multip						
						comple	perate Fo ited wells.	rms C-104 mu	i de Mise i	ni Ancu i	,		
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SUN 12 1984
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