	ANTA FE		NSERVATION COMMISSION OR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C- Effective 1-1-65			
	I.S.G.S. AND OFFICE IRANSPORTER OIL	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GAS				
ı.	OPERATOR PROPATION OFFICE						
	Atlantic Richfield Comp Address P. O. Box 1710, Hobbs, Reason(s) for filing (Check proper box, New Well	New Mexico 88240 Additional	Other (Please explain) Effective 03/16/74	Philling			
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condens		PHILLIPS			
	If change of ownership give name and address of previous owner						
II.	Lease Name Seven Rivers Queen Unit	Well No. Pool Name, Including For	mation X and of Lease Vers Queen So. State, Federal or Fe	Lease No.			
	Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West						
	Line of Section 27 Tov	mship 22S Range	36E , NMPM, Lea	County			
III.	Name of Authorized Transporter of Oil		Address (Give address to which approved co				
	Texas New Mexico Pipeli Name of Authorized Transporter of Cas Phillips Petroleum Comp Ashland Chemical Compar	Inghead Gas 🛣 er Dry Gas 🗍 Inghead Gas 🌃 Inghead Ingham	P. O. Box 1510, Midland, Te Address (Give address to which approved co Phillips Bldg., 4th & Washir P. O. Box 1503, Houston, TX	py of this form is to be sent) ng ton, Odessa, TX 7976 X 77001			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. I 34 22 36	Yes When PP	03/16/74 03/21/74			
	If this production is commingled with that from any other lease or pool, give commingling order number: R-663 & R-4671 COMPLETION DATA						
	Designate Type of Completion		New Well Workover Deepen Plug	Back Same Restv. Diff. Rest			
	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 Tubi	ing Depth			
	Perforations		Dept	th Casing Shoe			
		TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
v.	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 all able for this depth or be for full 24 hours)						
1	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure Chol	ke Size			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls. Gas	\			

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-is)	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.

D. L. Shackelford
(Signaturs)
Senior Accounting Clerk

(Title) March 27, 1974

(Date)

OIL CONSERVATION COMMISSION

APPROVED	Orio Sidned 5,119	
.	Joe D. Ramey	
BY	Dist. 1, Supv.	

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