Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DIALE OF THEM INTEREST ergy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

		U THAI	15P	UHI UIL	MIND INA	UNAL CA	Well Al			/	
Decision Earl R. Bruno							30-025-09067-00				
dress											
. O. Drawer 590, Midla	and, TX	7970	2		Othe	(Please explai	(A)				
w Well		Change in	Transpo	orter of:	_						
completion	Oil		Dry G								
ange is Operator	Casinghead										
hange of operator give same ARCO	<u>Oil an</u>	d Gas	Com	pany. P.	O. Box	1610, Mic	lland, T	X 79702			
DESCRIPTION OF WELL A	ND LEA	SE E	unic	e					1 1-	use No.	
Well No. Pool Name, Including						نہ 🤉		Kind of Lease State, Federal or Fee		TRE LACT	
Seven Rivers Queen Uni	t	4	Sev	<u>en Rive</u>	rs-Queen	South					
ocation	660		F F	· T . 1	North lim	and660	Fee	t From The Wi	est	Line	
Unit Letter D	<u>: 660</u>						_			Country	
Section 27 Township	225		Range	: 36 E	<u>, N</u>	ирм,	_ea			County	
I. DESIGNATION OF TRANS	TTGAG	ያ ብቹ ብነ	TI. AP	N NATUI	RAL GAS						
I. DESIGNATION OF TRAINS lame of Authorized Transporter of Oil	CAJ	or Conden	sale		Manager (C)	e address to wh				nt)	
exas New Mexico Pipeli					P.O. Bo	x 2528,	Hobbs N	om of this form	n is to be se	nd)	
arne of Authorized Transporter of Casinghead Gas or Dry Gas arren Petroleum Texaco FIF						9. Tulsa		copy of this form is to be sent) OR (SEE BACK OF PAGE			
larren Petro Leum T.E.X.O. I well produces oil or liquids.	Unit Sec.		Twp. Rge.				Whea	, Gettyin	5/1/84	6674	
ve location of tanks.	I	34	22	2 36	Yes		2/04671	<u>Warren</u> :	3/25/	760	
this production is commingled with that i	rom any oth	er lease or	pool, p	rive comming	ing order aum	ber: <u>K00</u>	3/R4671				
V. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepea	Plug Back S	ame Res'y	Diff Res'v	
Designate Type of Completion	- (X)	1	i		i	<u>i</u>	<u>i</u>	<u> </u>		1	
Date Spudded	Date Com	al. Ready W	o Prod		Total Depth			P.B.T.D.			
					Top Oil/Gas Pay			Tubing Depth			
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation											
er orations	<u> </u>	<u></u>			<u>.l</u>			Depth Casing	Shoe		
						NO DECOR	<u> </u>	1			
	,	TUBING	, CAS	SING AND	CEMENT	NG RECOR	<u> </u>	S	ACKS CEM	ENT	
HOLE SIZE	CA	SING A T	UBING	i SIZE	 	DET THOE					
	 										
								-			
		11104	ADI	<u>r</u>	1						
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR	ALLUM atal volum	e of loc	ne. nd oil and mus	n be equal to c	exceed top all	lowable for th	is depth or be fo	r full 24 ho	ws.)	
OIL WELL (Test must be after) Date First New Oil Run To Tank	Date of T				Producing N	Method (Flow, p	ump, gas lift.	etc.)			
					Casing Pres	918		Choke Size			
Length of Test	Tubing Pi	FLEUTE			Casing 17						
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
Victing Lion point tox								J			
GAS WELL								Gravity of C	ondenssie		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MIMCF			Clavity of Grand			
	Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	1 doing 1	Iceanie (m	,								
VL OPERATOR CERTIFIC	CATEO	F COM	PLI	ANCE			NSFR	ATION	DIVISI	ON	
I have consider that the nules and rest	ulations of t	se Oil Coor	SELASTIN			OIL OO	1102111	SEP 0			
Division have been complied with and that the information given above is true and complete to the best of any knowledge and belief.					D3	te Approv	ed .	04-1	- 0+		
in the say complete in the cease, in	/				Da	re whhine		ioned by			
My Mushell					Bv	By Paul Kauta					
Signature Cop COT //	MARCH	yer	L	10	-,		Geo	logist			
Printed Name	11 10717	·	T	ua	Tit	le					
8/27/92			cleptx	- <u>U(/)</u> me No.	·						
Date	· — —										

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.