

REQUEST FOR ALLOWABLE  
AND

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRIBUTION			
SANTA FE			
FILE			
U.S.O.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			

Operator ARCO Oil and Gas Company  
Division of Atlantic Richfield Company

Address P. O. Box 1710, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input checked="" type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Effective 5-1-84

Other (Please explain)

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Seven Rivers Queen Unit</u>	Well No. <u>4</u>	Pool Name, Including Formation <u>Eunice Seven Rivers Queen So.</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>Fee</u>
Location Unit Letter <u>D</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>22S</u> Range <u>36E</u> , NMPM, Lea County				

## II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas New Mexico Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2528, Hobbs, New Mexico 88240</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Getty Oil Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1231, Midland, Texas 79702</u>	
<u>Phillips Petroleum Co., Warren Pet. Corp.</u>	<u>4001 Penbrook, Odessa, Texas 79760</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>I</u> Sec. <u>34</u> Twp. <u>22</u> Rge. <u>36</u>	Is gas actually connected? <u>Yes</u> When Box <u>1509, Tulsa, Ok. 74101</u> <u>Warren 3/16/74, Phillips</u>

If this production is commingled with that from any other lease or pool, give commingling order number: 3/25/60, Getty 5/1/84 R-663/R-4671

## III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
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

## IV. 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.

A. L. Shackelford  
(Signature)

Engrg. Tech. Spec.

(Title)

6-8-84

(Date)

## OIL CONSERVATION COMMISSION

APPROVED JUN 13 1984, 19

BY Eddie W. Seay  
Oil & Gas Inspector

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepen 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 all wells on new and recompleted wells.

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 multi-completed wells.

RECEIVED  
JUN 12 1984  
C.C.D.  
HOBBS OFFICE