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| FILE                   |     | <u> </u> |          |
| U.S.G.S.               |     | ļ        |          |
| LAND OFFICE            |     | <u> </u> |          |
| TRANSPORTER            | OIL |          |          |
|                        | GAS |          | <u> </u> |
| OPERATOR               |     | <u> </u> | <u> </u> |
| PRORATION OFFICE       |     |          | <u> </u> |
| 0                      |     |          |          |

## NEW MEXICO OIL CONSERVATION COMM .....

| DISTRIBUTION SANTA FE  | NEW MEXICO OIL CONS<br>REQUEST FOI<br>A | ALLOWABLE Effective 1-1-65  |   |  |  |
|--|---|---|---|--|--|
| U.S.G.S.  LAND OFFICE  TRANSPORTER GAS   | AUTHORIZATION TO TRANS                  | PORT OIL AND NATURAL GAS  | •   |  |  |
| OPERATOR   |   |   |   |  |  |
| PRORATION OFFICE     Operator   ARCO Oil & Gas Com   | npany                                   |   | ·   |  |  |
| Address  | ic Richfield Company                    |   |   |  |  |
| P. O. Box 1710, Ho Reason(s) for filing (Check proper box)   | bbs, New Mexico 88240                   | Other (Please explain)  |   |  |  |
| New Well   | Change in Transporter of:  Ott Dry Gas  | Effective 5-1-79  |   |  |  |
| Recompletion Change in Ownership   | Oil Dry Gas  Casinghead Gas X Condensar | te 🗍  |   |  |  |
| f change of ownership give name  |   |   |   |  |  |
| and address of previous owner  |   |   | Lease No.   |  |  |
| DESCRIPTION OF WELL AND LI<br>Lease Name   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   | -   |  |  |
| Seven Rivers Queen Unit  | 4 Eunice Seven Ri                       | ivers Qn 50.  |   |  |  |
| Unit Letter D; 60  | 60 Feet From The North Line             | and 660 Feet From Th  | · West  |  |  |
| 27   | 200                                     | 36E , NMPM, Lea   | County  |  |  |
| Line of Section  |   |   |   |  |  |
| DESIGNATION OF TRANSPORT   | ER OF OIL AND NATURAL GAS               | Address (Give address to which approve  | ed copy of this form is to be sent)   |  |  |
| na se i Diamalia   | - Co                                    | P. O. Box 1510, Midlan  | nd, Tex. 79701  |  |  |
| Texas New Mexico Pipelin Name of Authorized Transporter of Casi Petro Lewis Corp. Phillips Petroleum Co.   | nghead Gas (X) or Dry Gas               | 4001 Penbrook Odessa  | P. O. Box 1510 Midfalld, 1ex. (Give nadress 19 which approved copy of this form is 20 to sent)  4001 Penbrook Odessa, Tex. 797602  P. O. Box 1509, Tulsa, Okla, 74102  P. O. Box 1509, When |  |  |
| Phillips Petroleum Co.<br>Warren Petroleum Corp.   | Unit Sec. Twp. Rge.                     | Is gas actually connected? When   | P. O. Box 1509, Tulsa, Okta, 74102<br>s gas actually connected? PL 5-1-79 3-16-74<br>Yes Warren 3-25-60   |  |  |
| If well produces oil or liquids,   | I 34 22 36                              | Yes   |   |  |  |
| If this production is commingled with  | that from any other lease or pool, g    | The Commission Paris  | R-663-R-4671  |  |  |
| COMPLETION DATA  | Oil Well Gas Well                       | New Well Workover Deepen  | Plug Back   Same Resty, Diff. Res   |  |  |
| Designate Type of Completion   | n-(X)                                   |   | P.B.T.D.  |  |  |
| Date Spudded   | Date Compl. Ready to Prod.              | Total Depth   |   |  |  |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation             | Top Oil/Gas Pay   | Tubing Depth  |  |  |
|  |   |   | Depth Casing Shoe   |  |  |
| Perforations   |   | THE DECORD  |   |  |  |
|  |   | CEMENTING RECORD  | SACKS CEMENT  |  |  |
| HOLE SIZE  | CASING & TUBING SIZE                    |   |   |  |  |
|  |   |   |   |  |  |
|  |   |   |   |  |  |
|  | OR ATTOWARTE (Test must be a            | fter recovery of total volume of load oil   | and must be equal to or exceed top a  |  |  |
| . TEST DATA AND REQUEST F  | able for this de                        | pth or be for full 24 hours)  Producing Method (Flow, pump, gas li                        |   |  |  |
| Date First New Oil Run To Tanks  | Date of Test                            |   |   |  |  |
| Length of Test   | Tubing Pressure                         | Casing Pressure   | Choke Size  |  |  |
| Length of Test.  |   | Water - Bbls.   | Gas-MCF   |  |  |
| Actual Prod. During Test   | Oil-Bbls.                               |   |   |  |  |
|  |   |   |   |  |  |
| GAS WELL Actual Prod. Test-MCF/D   | Length of Test                          | Bbls. Condensate/MMCF   | Gravity of Condensate   |  |  |
| Actual Prod. 1981-MC172  |   | Casing Pressure (Shut-in)   | Choke Size  |  |  |
| Testing Method (pitot, back pr.)   | Tubing Pressure (Shut-in)               |   | 00101001011   |  |  |
| VI. CERTIFICATE OF COMPLIAN  | NCE                                     | OIL CONSERV   | ATION COMMISSION  |  |  |
|  |   | APPROVED  |   |  |  |
| 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. |   | Org. Sened by  BY   |   |  |  |
|  |   | Dist 1, Supv.   |   |  |  |
|  |   | TITLE   | semblence with RULE 1104.   |  |  |
|  |   | This form is to be filed in   | n compliance with RULE 1104.<br>owable for a newly drilled or deep<br>panied by a tabulation of the devi  |  |  |
| all L. Shack   | yora                                    | well, this form must be accom   | panied by a tabulation of the devi  |  |  |
| _ D. L. Shack  | efford exercises                        | If this is a request for all well, this form must be accom tests taken on the well in acc | owable for a newly difficult to   |  |  |

Tech. Spec.

(Title) 6-22-79

(Date)

Engrg.

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 allow able 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 multiple completed wells.

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HOBBS, N. M.