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DISTRIBUTION			
SANTA FE			
FILE			<u> </u>
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
INANSPORIER	GAS		
OPERATOR			
PROPATION OFFICE			1

NEW MEXICO OIL CONSERVATION COMMISSION

and the second s
Form C-104
Supersedes Old C-104 and C-110 Effective 1-1-65
211001110 F-1-03
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Name
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Lea County
Lea County
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TOMAS 79701 copy of this form is to be sent) TOMAS 7970/
45 79761
-16.74 Warren: 3-25-60
3-21-74
ole3 + R-4671
Plug Back Same Res'v. Diff. Res'v.

	SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110 Elfective 1-1-65			
	FILE	E AND					
ŀ	U.S.G.S.	AUTHORIZATION TO TRAN	ANSPORT OIL AND NATURAL GAS				
}	OIL	•					
	TRANSPORTER GAS	•	•				
ı	OPERATOR						
1.	PRORATION 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) Other (Please explain) Change in Transporter of: Change in Operator Name						
	New Well	Change in Transporter of:	effective: 4-1-7				
	Recompletion	Oil Dry Gas Casinghead Gas Condens	H 022002101				
	Change in Ownership	Casinghead Gas Condens					
	If change of ownership give name and address of previous owner			· · · · · · · · · · · · · · · · · · ·			
H.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name	, Including Formation	Kind of Lease			
'	Lease Name	1 1	e Seven Rivers Queen South	State, Federal or Fee Fee			
	Seven Kivers Queen	unic 17 ILONIC	C OFFICE THURS COLUMN				
Unit Letter D; 660 Feet From The Nover Line and 660 Feet From The West							
	Line of Section 27 , Tow		BGE, NMPM,	Lea County			
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approv	ed copy of this form is to be sent)			
	Par Box 1510 Millors Towns 79701						
	TO HAS New-Mexico Piheline Co. Norme of Authorized Transporter of Cosinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent Ashland Chemical Co. Address (Give address to which approved copy of this form is to be sent P.O. Dox 1503 HOUSTON Texas 7970)						
	IDELLIES POTE OLIVE IS 1916						
1	MARREN POTROLEUM COR	'	Book वर्षा अपना मन्द्रपत्य, Dicher	3-16-74 Warren: 3-25-60			
	give location of tanks.	1 34 22 36	yes Asi	112 0 112 11			
TW/	If this production is commingled with COMPLETION DATA	h that from any other lease or pool, g	ive commingling order number:	-663 + R-46/1			
	Designate Type of Completio	n - (X) Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
:	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	No Change						
	Paol	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations			Depth Cosing Shoe			
	Fettorditoria						
		TUBING, CASING, AND					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be af	ter recovery of total volume of load oil oth or be for full 24 hours)	and must be equal to or exceed top allow-			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	(t, etc.)			
	No Change						
:	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
		Oil-Bbls.	Water-Bbls.	Gas-MCF			
	Actual Prod. During Test						
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size			
VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVA	ATION COMMISSION				
			APPROVED 19				
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED					
	above is true and complete to the	best of my knowledge and belief.	BY South September				
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	A VI		This form is to be filed in	compliance with RULE 1104.			
		<i>'</i>					

District Prod. & Drlg. Supt.

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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.