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U.\$.G.\$.		<u> </u>	\Box		
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TRANSPORTER	OIL				
	GAS				
OPERATOR					
PRORATION OFFICE					
A					

V.

V.

4.

-_ NEW MEXICO OIL CONSERVATION COMMISCAN **REQUEST FOR ALLOWABLE** AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

		AUTHORIZATION TO TRAIN	13: OKT OIL AND NATOKAL G	73
LAND OFFICE		·		
TRANSPORTER GAS				
OPERATOR				
PRORATION OFFICE				
Operator			•	
Atlantic Richfie	ld Co	mpany		
	Hobbs	, New Mexico 88240	,	
Reason(s) for filing (Check pro	oper box)	Additional	Other (Please explain)	
New Well		Charge in Transporter of:	Effective: 03/10	6/74 Phillips
Recompletion		Oil Dry Gas		
Change in Ownership		Casinghead Gas X Condens	ate	
If change of ownership give				
DESCRIPTION OF WELL	AND	LEACE		
DESCRIPTION OF WELL Legge Name	L AND I	Well No. Pool Name, Including For	rmation Kind of Lease	Lease No.
Seven Rivers Que	en Un	it 4 Eunice Seven Riv	vers Queen So. State, Federa	or Fee Fee
Location				
Unit Letter D	660	Feet From The North Line	and 660 Feet From 7	The West
Line of Section 27	Tow	waship 22S Range	36E , NMPM,	Lea County
DECIGNATION OF TRAN	vedob1	TED OF OIL AND NATURAL GAS	•	
Name of Authorized Transport		FER OF OIL AND NATURAL GAS Solution of Condensate	Address (Give address to which approx	ed copy of this form is to be sent)
Texas New Mexico			P. O. Box 1510, Midlan	
Name of Authorized Transport Phillips Petrole	eum Co	singhead Gas 🔀 or Dry Gas 🗔 🗀	Address (Give address to which appropriate Phillips Bldg., 4th & Wa	shington, Odessa, TX 79760 Texas 77001
Ashland Chemical		Unit Sec. Twp. Ege.	Is gas actually connected? Who	
If well produces oil or liquids give location of tanks.		I 34 22 36	Yes	ACC 03/21/74
If this production is commin	igled wit	th that from any other lease or pool, g		R-663 & R-4671
Designate Type of Co	mpletio		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.
Elevations (DF, RKB, RT, GR	R, etc.j	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations				Depth Casing Shoe
		TUBING, CASING, AND		
HOLE SIZE		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQU	EST F	OR ALLOWABLE (Test must be aft able for this dep	oth or be for full 24 hours)	and must be equal to or exceed top allow-
Date First New Oil Run To To	ank s	Date of Test	Producing Method (Flow, pump, gas li	(t, etc.)
Length of Test	***	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test		Oil - Bbie.	Water - Bbls.	Gas - MCF
GAS WELL			•	
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-in)	Choke Size
CERTIFICATE OF COM	DI IAN	CF	OIL CONSERVA	ATION COMMISSION
CERTIFICATE OF COMPLIANCE		1		
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.		APPROVEDAPR 23 1974 . 19		
		Orig. Signed by John Runyan		
		John Runyan		
			TITLE	Geologist
		A .	I	

D. L. Shackelfer (Signature)

Senior Accounting Clerk

(Title)

April 22, 19 (Date) 1974

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