#0. #F COPIES RECI	LIVES	i	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		<u> </u>
	GAS		
OPERATOR			
PRORATION OFFICE			
	77 77		1 (

NEW MEXICO OIL CONSERVATION COMMP ON

Form C-104

SANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-114 Effective 1-1-65
FILE	,	AND	
U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GAS	
LAND OFFICE	4		
TRANSPORTER GAS	1	·	
OPERATOR	_		
PRORATION OFFICE			
Operator ARCO Oil and		•	
Division of Atlantic Ri	chileld Co.	·	
Address	M 882/0		
P.O. Box 1710, Hobbs, N. Reason(s) for filing (Check proper box		Other (Please explain)	
New Well	Change in Transporter of:		
l'	Oil Dry Gas	, [
Recompletion Change in Ownership	Casinghead Gas X Condens	- 1 mcc	• • •
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND	LEASE	ermation Kind of Lease	Lease No.
Lease Name	Well No. Pool Name, including ro		- I
Seven Rivers Queen Unit	32 Eunice Seven Ri	ivers on south state, realities	
Location	O South	2310	East
Unit Letter J : 231	Feet From The South Line	andFeet From The	
34 T	22S Barge 36	6E NRAPM	Lea County
Line of Section 34 To	ownship 223 Ronge 30	OE , NMPM,	- County
	THE OF AND MATTIRAL CA	6	
Name of Authorized Transporter of O	RTER OF OIL AND NATURAL GA	Address (Give address to which approved	copy of this form is to be sent)
Texas New Mexico Pipeli		P.O. Box 2528, Hobbs,	
Name of Authorized Transporter of C			
10-4-47 (13) (0	de liquidad das [r]	Address (Give address to which approved PO Box 1231, Midland, 4001 Penbrook, Odessa, 1	X ² 79780 ⁰²
Phillips Petroleum Co.	Unit Sec. Twp. Pge.	Is the actually connected, OK when	02 Getty 5-1-84
Warren Petroleum Corp. If well produces oil or liquids,	T 34 22 36		ren 3-25-60, Phillips
give location of tanks.		<u> </u>	3-16-/
If this production is commingled w	with that from any other lease or pool,	give commingling order number: R-6	63/R-46/1
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen F	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Complet			
	Date Compl. Ready to Prod.	Total Depth F	P.B.T.D.
Date Spudded	Bute Compi. Heady to 1150		
(DE 0/0 DT CO	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.,	Name of Producting 1 orintation		
		1	Depth Casing Shoe
Perforations			
	TURING CASING AND	CEMENTING RECORD	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TOBING SIZE		
		 	
		ifter recovery of total volume of load oil and	d must be senal to or exceed too allow
. TEST DATA AND REQUEST	FOR ALLOWABLE (1 est must be a able for this de	epth or be for full 24 hours)	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)
Date Past New Carles 10 1			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Langin of 100.			
Actual Prod. During Test	Oil-Bble.	Water - Bbls.	Gas - MCF
Actual Prod. Dany			•
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Plot. 1001 Holy 2		1	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-is)	Cosing Pressure (Shut-in)	Choke Size
1 681126 Wetwood (broot) and a busy			
		OU CONSERVAT	ION COMMISSION
I. CERTIFICATE OF COMPLIA	INCE		1984
		1	, 19
	nd regulations of the Oil Conservation d with and that the information given	Ell: M	N. Came
Commission neve neen compile above is true and complete to	the best of my knowledge and belief.	T T T T T T T T T T	V. Seay
		ll Gil & Gas	Inspector
	.•	TITLE	
19 1 12 12 12 12 12 12 12 12 12 12 12 12 1	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	This form is to be filed in co	mpliance with RULE 1104.
1. I Show	Rolfail	If this is a request for allows	ble for a newly drilled or deepene
6	ignature)	well, this form must be accompani tests taken on the well in accord	IN DA B INDEPENDENCE OF CHA GAAVELING
Engrg. Tech. Spec.		All sections of this form must	t be filled out completely for allex
	(Title)	The sea was see secomplaine men	19.
6-8-84		Fill out only Sections I. II.	III, and VI for changes of owner a or other such change of condition
		If well name or number, or transports	FOR GENEL PART CHANGE OF FAMILY MAI

(Date)

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 completed wells.

PECRIVED
JUN 12 1984

HOBBS OFFICE