40. SF COPIES RECI	I E W E D	
DISTRIBUTIO	N	
SANTA PE		
FILE		
U.S.G.S.		
LAND OFFICE		
IRANSPORTER	OIL	
IRANSPORIER	GAS	
OPERATOR		
PRORATION OF	ICE	

6-8-84

(Dete)

## NEW MEXICO OIL CONSERVATION COMPTON REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Porm C-104 Supercodes Old C-104 and C-118 Effective 1-1-65

ı	TRANSPORTER	GAS	1										
ł	OPERATOR										-		
ı.	PRORATION OF	FICE											
	Division of				s Company hfield Co			•		•			
	Address												
	P.O. Box 1710 Reason(s) for filing	(Check)	proper	boxj					Other (Please	explain)			
	New Well	$\mathbb{H}$			•	n Transport	er of: Dry Gas	<u></u>					
ļ	Recompletion  Change in Ownershi				Oil Casinghe	ad Gas X	Condens	<b>=</b> 1	Effecti	.ve 5-1-84	<u>.</u>	•	
į	If change of owner and address of pre	ship giv	re nam	ie.									
1.	DESCRIPTION C	OF WEL	LL A	ND I	LEASE Well No.	Pool Nam	e, Including Fo	rmation		Kind of Lease		Lease No.	
	Lease Name Seven Rivers	Oueer	ı Un:	it	36				Qn South	State, Federal	or Fee Fee	2	
	Location									-			
	Unit Letter	N	_;		660 Feet Fr	om The	South Line	and 19	80	_ Feet From Ti	heWest		
	Line of Section	34	4	Tov	mship 22	S	Range 36	E	, NMPM	, Lea		County	
0.	DESIGNATION (	OF TR	ANSP	OR	TER OF OIL	AND NA	TURAL GAS	S Address (	Give address t	o which approve	ed copy of this form	is to be sent)	
	Nome of Authorized	Transpo xico I	orter of Pipe	í Oíl 1in	e Co.	Condensate	<b>.</b>	P.O.	Box 2528	B, Hobbs,	NM 88240		
	Scree of Amborized Cetty Oil Co	Transpo	orter o	f Cae	inghead Gas 🛭	or Dr	y Gas	Address (	Address (Give address to which approved copy of this form is to be sent) POI Box 1231, Midland, TX 79702 4001 Penbrook, Odessa, TX 79760				
	IPhillips rec	torem	Tr CO	•				4001	Penbrool	c, Odessa,	79760 64102 Getty	E 1 0/	
	Warren Petro	l or liqui	ds,	•	Unit Se	!	1	Yes	idaily connecti	•	11ips 3-16-		
	give location of tar			d wit	th that from a	34   22			ningling order			3-25-60	
v.	COMPLETION	DATA_	nugie	. wi				New Well		Deepen		Res'v. Diff. Res'v.	
	Designate Ty		Compl	letio		Oil Well	Gas Well	l Mem mell	HOIZOVEI	l I	Frag Back	!	
	Date Spudded		<u>·</u>		Date Compl.	Ready to P	rod.	Total De	pth	. 4 ., .,	P.B.T.D.		
	Elevations (DF, R)	KB, RT,	GR, es	ic.j	Name of Proc	ducing Form	notion	Top Oil/	Gas Pay	<del></del>	Tubing Depth		
	Perfections	Parforman and the state of the									Depth Casing Shoe		
	Perioration	Perforations											
	HOLE SIZE				CASING & TUBING SIZE			CEMENTING RECORD			SACKS CEMENT		
	HOL	E SIZE			Chair	<u> </u>							
					<b> </b>						<u> </u>		
•	. TEST DATA A	ND REC	DIFS	TF	OR ALLOW	ABLE (	Test must be a	fter recove	ry of sotal volu	me of load oil	and must be equal to	or exceed top allow	
•	OIL WELL				Date of Tee		able for this de	pth or be f	or full 24 hour	e) u, pump, gas lif			
	Date First New Of	ll Run To	Tank	•	Date of 198	•							
	Length of Test				Tubing Pres	sure		Casing I	Jessuie		Choke Size		
	Actual Prod. Duris	ng Test			Oil-Bble.	<del></del>	<del> </del>	Water - B	ble.		Gas - MCF		
			<del></del>		1			1					
	GAS WELL					<u>.                                 </u>		I puis C	ondensate/MMC	·F	Gravity of Conder	nagte	
	Actual Prod. Tes	t-MCF/E			Length of T	est					Gravity of Calabr		
	Testing Method (s	pitot, bac	k pr.)		Tubing Pres	sure (Shut	-in)	Casing	Pressure (Shw	-in)	Choke Size		
VI	. CERTIFICATE	CERTIFICATE OF COMPLIANCE					OIL CONSERVATION COMMISSION						
•							APPROVED JUN 1 3 1984						
	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.												
					Eddie W. Seay								
	•						TITLE Oil & Gas Inspector						
	A. X. Markelfire						This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepenewell, this form must be accompanied by a tabulation of the deviation						
	Tana and a second						well,	this form mu	et be accompa well in accor	nied by a tabulat: dance with RUL!	ion of the deviation		
	Engrg. Tech.	Engrg. Tech. Spec. (Tule)					able	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 multiply completed wells.

HOS COPFICE