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NO. OF COPIES RECI	CIVED	i	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	<u> </u>	
OPERATOR			
PRORATION OFFICE			

	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  TRANSPORTER  OIL	REQUEST FO	NSERVATION COMMISSION OR ALLOWABLE AND ISPORT OIL AND NATURAL GAS	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
1.	OPERATOR PRORATION OFFICE Operator ARCO Oil & Gas Co	ompany			
	Address	Change in Transporter of:  Oil  Casinghead Gas	Other (Please explain)  Effective 5-1-7	9	
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including For		Lease No.	
	Seven Rivers Queen l	Unit 34 Eunice Seven 1 80 Feet From The South Line		Heat	
	Line of Section 34 Tow	nship 22S Range 30	6E , NMPM, Lea	County	
***	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	·		
111.	II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Oil   X   Or Condensate   Address (Give address to which approved copy of this form   Toyas New Mexico Pipeline Co.   P. O. Box 1510, Midland, Texas 79				
	Texas New Mexico Pipeline Co.  Numerof Authorized Transcorter of Casinghead Gas X or Dry Gas Petro Lewis Corp.  Phillips Petroleum Co.  Warren Petroleum Corp.		Address (Give address to which approved conx of this form is to be sent)  Address (Give address to which approved conx of this form is to be sent)  Houston, Tex 7976208  2001 Penbrook Odessa, Tex 7976208  Tulsa, Okta, 74102		
	Warren PetroLeum Cor If well produces oil or liquids,	Unit Sec. Twp. Rige.	Is gas actually connected? When PL	5-1-79, PP 3-16-74	
	give location of tanks.  If this production is commingled wit	I 34 22 36		rren 3-25-60 -663 R-4671	
IV.	COMPLETION DATA	Oil Well Gas Well		Plug Back   Same Res'v. Diff. Res'v.	
	Designate Type of Completio	n - (X)	Total Depth	P.B.T.D.	
	Date Spudded			Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		
	Perforations			Depth Casing Shoe	
			CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTRISET	3,,01,0 02	
				t all all all all all all all all all al	
V	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load oil a pth or be for full 24 hours)		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.,	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	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	
v	VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION  APPROVED		
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		Orlg. Signed by			
	Commission have been complied with and that the modeled ge and belief, above is true and complete to the best of my knowledge and belief.		Jerry Sexton  TITLE Dist   Supv.		
			This form is to be filed in o	compliance with RULE 1104.	
	D. L. Shack	belford	If this is a request for allow well, this form must be accompanied.	able for a newly drilled or deepened nied by a tabulation of the deviation	

D. L. Shackelford	
Engrg, Tech. Spec.	
(Title)	

(Date)

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 completed wells.

RECEIVED

JUN 1 9 1979

HOUSE W. M.