NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

	DISTRIBUTION SANTA FE FILE U.S.G.S.	NEW MEXICO OIL CO REQUEST F AUTHORIZATION TO TRAN	FOR ALLOWABLE AND		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	LAND OFFICE TRANSPORTER OIL GAS OPERATOR						
1.	PRORATION OFFICE						
Reason(s) for filing (Check proper box) Reson(s) for filing (Check proper box) Other (Please explain)							
ı	Change in Ownership	Casinghead Gas X Condens	sate				
	If change of ownership give name and address of previous owner	•			<u> </u>		
Ħ.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including Fo	rmation	Kind of Lease	Lease No.		
	Seven Rivers Queen Unit	20 Eunice Seven I	Rivers Qn So.	State, Federal or Fe	Fee		
Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East							
	Line of Section 34 Town	nship 22S Range	36E , NMP	, Lea	County		
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S	to the transport of	py of this form is to be sent)		
	Name of Authorized Transporter of Oil Texas New Mexico Pipel	X or Condensate	P. O. Box 15	10, Midland,	Tex. 79701		
	Nape a Authorized Transporter of Cas Phillips Petroleum Co. Warren Petroleum Corp	inghead Gas 📉 💮 or Dry Gas 🦳	Actress (Give address to which approved copy of this form is to be sent) 4000 PBOX 61489 Odessa, Tex. 7976208 P.O. Box 1509 Tulsa, Okla. 74102 Is gas actually connected?				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. I 34 22 36	Yes	PL Wa	5-1-79 rren 3-25-60		
	If this production is commingled with	L	give commingling ord	er number: R-6	63 R4671		
IV.	COMPLETION DATA		New Well Workover	Deepen Pluc	Back Same Res'v. Diff. Res'v.		
	Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth	P.B	.т.р.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tub	ing Depth		
	Perforations			Dep	th Casing Shoe		
		TUBING, CASING, AND	CEMENTING RECO	RD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH		SACKS CEMENT		
v	. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	fter recovery of total vo- pth or be for full 24 hou Producing Method (Fl	rs)	ust be equal to or exceed top allow-		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (F)	ow, pump, gas tiji, etc	.,		
	Length of Test	Tubing Pressure	Casing Pressure	Cho	oke Size		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gar	s-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 (Shu	rt-in) Ch	oke Size		
	CERTIFICATE OF COURT IAM	CE.	OIL	CONSERVATION	N COMMISSION		
V	I. CERTIFICATE OF COMPLIAN			JUN 21 19	<u>19</u> , 19		
	I hereby certify that the rules and Commission have been complied	Orig. Signed by					
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Jerry Sexton					
	* \		TITLE Dist 1, Sup*				
D. L. Shacketfords		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					

D. L. Shacketlands							
Engrg. Tech. Spec.							
6-20-79							

(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

OIL CONSERVATION COME.