NO. OF COPIES RECEIVED							
DISTRIBUTION							
SAN							
FIL							
U.S.G.S.					L-		
LAND OFFICE							
		27.50	OIL				
TRANSPORTER		`	GAS				
OPERATOR					L		
PRO		<u>L</u>					
Oper	Operator ARCO 0il & Gas						
Division of Atl							
Addr	ess						
1	P.	ο.	Box	171	0,		
Reason(s) for filing (Check proper bo							
New	Well		Ц				
l			1 1				

	DISTRIBUTION SANTA FE	REQUEST F	NSERVATION COMMISSION OR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
}	U.S.G.S.		ISPORT OIL AND NATURAL GA	AS .			
}	LAND OFFICE	A CHICKLE TO THE CONTROL OF THE CONT					
l	TRANSPORTER OIL						
	GAS						
	OPERATOR						
1.							
ARCO 0il & Gas Company Division of Atlantic Richfield Company							
	Address						
	P. O. Box 1710, I	Hobbs, New Mexico 88240	Other (Please explain)				
Reason(s) for filing (Check proper box) Effective 5-1-79							
	New Well Recompletion	Oil Dry Gas					
	Change in Ownership	Casinghead Gas X Condens	sate				
	If change of ownership give name						
	and address of previous owner						
	DESCRIPTION OF WELL AND L	FASF		Lease No.			
11.	Lease Name	Well No. Pool Italie, metal		_ -			
	Seven Rivers Queen Uni	t 26 Eunice Seven	Rivers Qu 30: clate, recent				
	Location	North	and 660 Feet From T	he East			
	Unit Letter H; 19	80 Feet From The North Line	and				
	Line of Section 34 Tow	nship 22S Range	36E , NMPM, Lea	County			
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which approv	ed copy of this form is to be sent)			
	Name of Authorized Transporter of Oll Texas New Mexico Pipel		P O Box 1510, Midland	Tex. 79701			
	Name of Authorized Transporter of Cas	inghead Gas 📉 or Dry Gas 🗌	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Tex. 79760				
	Name of Authorized Transporter of Cas Phillips Petroleum Co. Warren Petroleum Corp.		4001 Penbrook, Odessa, Téx. 79760 10 Penbrook, Odessa, Téx. 74102 10 Penbrook, Tulsameckla. 74102				
	If well produces oil or liquids,		Yes W	L 5-1-79 25 Pp 3-16-74 arren 3-25-60			
	give location of tanks.	I 34 22 36		-663 R-4671			
	If this production is commingled wit						
IV	. COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completion			P.B.T.D.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth				
		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.,) Name of Producing Formation			D. J. Carde - Chan			
	Perforations			Depth Casing Shoe			
			CEMENTING BECORD				
		TUBING, CASING, AND HOLE SIZE CASING & TUBING SIZE		SACKS CEMENT			
	HOLE SIZE	CASING & TODING SIZE					
			An accounty of total volume of load oil	and must be equal to or exceed top allow-			
1	TEST DATA AND REQUEST F	OR ALLOWABLE (Fest must be a able for this de	enth or be for full 24 hours)				
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	iji, etc.)			
			Casing Pressure	Choke Size			
	Length of Test	Tubing Pressure	Cusing 1 1000				
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF			
	Methat Float Paring 1-1-1						
				•			
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Actual Prod. Test-MCF/D	Langin of 100.					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
				1701100111110011011			
V	I. CERTIFICATE OF COMPLIAN	ICE	OIL CONSERVATION COMMISSION				
			APPROVED	, 19			
		regulations of the Oil Conservation with and that the information given	Orig. Signed 19				
	above is true and complete to the	he best of my knowledge and belief.	Jerry Sexton				
		-	TITLE Dist 1. Surv.				
			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.				
	D. L. Shar	ckelford					
	(Sig	nature)					
		Spec.	All sections of this form m	All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I, II, and VI for changes of owner, the complete of the sections I. III.			
	6-19-79	fitle)	11				
		Date)	Fill out only Sections 1, 11, 111, and vi to change of condition. well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply				
			Separate Forms C-104 mi completed wells.				