NO. OF COPIES REC	EIVED	<u>L</u>	
DISTRIBUTION			
SANTA FE			
FILE			
u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

	DISTRIBUTION SANTA FE		CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110
	FILE	. REQUEST	FOR ALLOWABLE AND	Effective 1-1-65
			,	
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (5A5
	LAND OFFICE	·		<u>.</u>
	TRANSPORTER			
	GAS	4		
	OPERATOR			
1.	PRORATION OFFICE			
	Operator ARCO Oil and Gas			
	Division of Atla	antic Richfield Company		
	Address			
	P. O. Box 1710,	Hobbs, New Mexico 8824	0	
	Reason(s) for filing (Check proper box)	Other (Please explain)	
	New Well	Change in Transporter of:	Change in Operat	or Name
	Recompletion	Oil Dry Go	effective: 4-1-	79
	Change in Ownership	Casinghead Gas Conde	F-1	·
į	Curride III Cauciamb	Contract Contract		
	If change of ownership give name and address of previous owner			
u.	DESCRIPTION OF WELL AND	LEASE		
	Lease Name	[me, Including Formation	Kind of Lease
	Seven Rivers Queen	UNIT 23 EUNI	ce Seven Rivers Queen Soot	State, Federal or Fee
	Location			
	Unit Letter E; 9	80 Feet From The None Lin	ne and CO Feet From	The West
	, -			
	Line of Section 34 , Tor	wnship 225 Range 😅	36E , NMPM.	Lea County
II.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	IS	
	Name of Authorized Transporter of Oil		Address (Give address to which appro	ved copy of this form is to be sent)
	· Avon	e With		
	Name of Authorized Transporter of Ca		Address (Give address to which appro	ved copy of this form is to be seed
	/ho		Is gas actually connected? Wh	0.00
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	is day detually connected?	en ·
	give location of tanks.	<u>i. i i i i </u>	<u> </u>	
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	
47	COMPLETION DATA			
. ¥ •			New Well Workover Deepen	Plug Back Same Resty Diff. Resty
. V .	Designate Type of Completie		New Well Workover Deepen	Flug Buck Same Resiv. Dill. Resiv.
. V .	Designate Type of Completion	on - (X) Gds Well		Plug Back Salize Res. V. Ditt. Res. V.
٠٧,	Designate Type of Completion	on - (X) Gas well Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
. V .		on – (X)		
. V •	Date Spudded	on – (X)		
. V .	Date Spudded No Change	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
. V •	Date Spudded No Change	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
. V •	Date Spudded No Change Pool	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. Tubing Depth
. V •	Date Spudded No Change Pool	Date Compt. Ready to Prod. Name of Producing Formation	Total Depth Top O!l/Gas Pay	P.B.T.D. Tubing Depth
	Date Spudded No Change Pool Perforations	Date Compt. Ready to Prod. Name of Producing Formation TUBING, CASING, AND	Total Depth Top Oil/Gas Pay D CEMENTING RECORD	P.B.T.D. Tubing Depth Depth Casing Shoe
- V -	Date Spudded No Change Pool	Date Compt. Ready to Prod. Name of Producing Formation	Total Depth Top O!l/Gas Pay	P.B.T.D. Tubing Depth
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	Date Spudded No Change Pool Perforations HOLE SIZE TEST DATA AND REQUEST F OIL WELL Date First New Oil Run To Tanks No Change Length of Test Actual Prod. During Test	Date Compt. Ready to Prod. Name of Producing Formation TUBING, CASING, AND CASING & TUBING SIZE OR ALLOWABLE (Test must be a able for this do Date of Test) Tubing Pressure Oil-Bbls.	Total Depth Top Oil/Gas Pay D CEMENTING RECORD DEPTH SET Ifter recovery of total volume of load oil pth or be for full 24 hows) Producing Method (Flow, pump, gas li Casing Pressure) Water-Bbls.	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT and must be equal to or exceed top allow- (ft, etc.) Choke Size
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District Prod. & Drlg. Supt. 3-7-79

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.

All sections of this form must be filled out completely for allowable on new and recompleted wells.