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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

I.

Operator Atlantic Richfield Company	
Address P. O. Box 1710, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>
Other (Please explain) Included in Seven Rivers Queen Unit eff: 9-1-73. Change in lease name from Rodman Jones #3.	
If change of ownership give name and address of previous owner Gackle Oil Company, P. O. Box 2038, Hobbs, New Mexico 88240	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Seven Rivers Queen Unit	Well No. 29	Pool Name, including Formation Eunice Seven Rivers Queen So.	Kind of Lease State, Federal or Fee Fee
Location			
Unit Letter K	1980	Feet From The South	Line and 1980
Line of Section 35		Township 22S	Range 36E
		NMPM,	Lea
			County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 79760 Phillips Bldg. 4th & Washington, Odessa, Texas	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 35
	Twp. 22S	Rge. 36E
	Is gas actually connected? Yes	When Unknown

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'.	Diff. Res'.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Performances					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

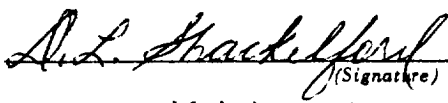
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

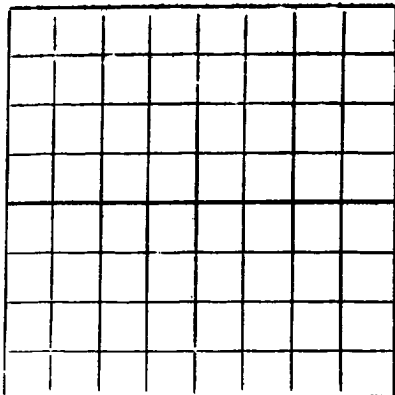
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Administrative Supervisor
(Title)
August 9, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

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.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out Sections I, II, III, and VI only 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.



NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

WELL RECORD

Mail to District Office, Oil Conservation Commission, to which Form C-101 was sent not later than twenty days after completion of well. Follow instructions in Rules and Regulations of the Commission. Submit in QUINTUPLICATE. If State Land submit 6 Copies

AREA 640 ACRES
LOCATE WELL CORRECTLY

Albert Gackle, Operator
(Company or Operator)

Rodman - Jones
(Lease)

Well No. 3, in NE 1/4 of SE 1/4, of Sec. 35, T. 22S, R. 36E, NMPM.

South Eunice Pool, Lea County.

Well is 1980' feet from South line and 1980' feet from West line of Section 35. If State Land the Oil and Gas Lease No. is

Drilling Commenced July 13, 1958 Drilling was Completed July 30, 1958

Name of Drilling Contractor Gackle Drilling Company, Inc.

Address Box 2076, Hobbs, New Mexico

Elevation above sea level at Top of Tubing Head 3491' G.L. The information given is to be kept confidential until 19

OIL SANDS OR ZONES

No. 1, from 3684 to 3700 No. 4, from 3754 to 3762
No. 2, from 3724 to 3730 No. 5, from to
No. 3, from 3740 to 3744 No. 6, from to

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from to feet.
No. 2, from to feet.
No. 3, from to feet.
No. 4, from to feet.

CASING RECORD

SIZE	WEIGHT PER FOOT	NEW OR USED	AMOUNT	KIND OF SHOE	CUT AND PULLED FROM	PERFORATIONS	PURPOSE
8 5/8	24#	New	289'	Halliburton			Surface
5 1/2	14#	New	4024'	"		3684-3700	Production
						3724-30	
						3740-44	
						3754-62	

MUDDING AND CEMENTING RECORD

SIZE OF HOLE	SIZE OF CASING	WHERE SET	NO. SACKS OF CEMENT	METHOD USED	MUD GRAVITY	AMOUNT OF MUD USED
12 1/4	8 5/8	302'	250	Two Plug		
7 7/8	5 1/2	4024'	1590	" "		

RECORD OF PRODUCTION AND STIMULATION

(Record the Process used, No. of Qts. or Gals. used, interval treated or shot.)

Pefferated 4 shots/ft. 3724'-30'; 3740'-44'; 3754'-62', Treat w/500 gal acid, 10,000 gal oil 10,000#'s sd. 52 Rubber Ballas - - Perforated 3684-3700' 4 shots/foot. Treat w/500 gal acid, 10,000 gal oil, 10,000#'s sd.

Result of Production Stimulation 336 bbls. oil 24 hours, 24/64 choke C.P. 850, T.P. 240

Depth Cleaned Out

If drill-stem or other special tests or deviation surveys were made, submit report on separate sheet and attach hereto

Rotary tools were used from 0 feet to T.D. feet, and from _____ feet to _____ feet.
Cable tools were used from _____ feet to _____ feet, and from _____ feet to _____ feet.

Put to Producing.....**August 7,**....., 19**58**

OIL WELL: The production during the first 24 hours was 336 barrels of liquid of which 100 % was oil; % was emulsion; % water; and % was sediment. A.P.I. Gravity 32°

GAS WELL: The production during the first 24 hours was.....M.C.F. plus.....barrels of liquid Hydrocarbon. Shut in Pressure.....lbs.

PLEASE INDICATE BELOW FORMATION TOPS (IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE):

Northwestern New Mexico

T. Anhy.....	1452	T. Devonian.....	T. Ojo Alamo.....
T. Salt.....	1560	T. Silurian.....	T. Kirtland-Fruitland.....
B. Salt.....	2915	T. Montoya.....	T. Farmington.....
T. Yates.....	3060	T. Simpson.....	T. Pictured Cliffs.....
T. 7 Rivers.....	3314	T. McKee.....	T. Menefee.....
T. Queen.....	3789	T. Ellenburger.....	T. Point Lookout.....
T. Grayburg.....		T. Gr. Wash.....	T. Mancos.....
T. San Andres.....		T. Granite.....	T. Dakota.....
T. Glorieta.....		T.	T. Morrison.....
T. Drinkard.....		T.	T. Penn.....
T. Tubbs.....		T.	T.
T. Abo.....		T.	T.
T. Penn.....		T.	T.
T. Miss.....		T.	T.

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
50	750	750	Caliche, Sd. Rdd Bed				
152	1452	702	Red Bed, Sd., Shale				
1560	1560	108	Anhydrite				
1560	2915	1355	Salt, Snhydrite, Shale				
1560	3060	145	Dolomite, Sd., Shale				
1560	3314	254	Sd., Shale, Dolomite				
1560	3789	475	Lime, Sd., Shale				
1560	3789	475	Lime, Sd., Shale				
1560	3850	61	Sd, Lime, Shale				
1560	4024	174	Lime, Sand				

I hereby swear or affirm that the information given herewith is a complete and correct record of the well and all work done on it so far as can be determined from available records.

.....**August 8, 1953**..... (Date)

Company or Operator.....**Albert Gackle, Operator**.....
Original Signed By
Name.....**PAUL S. JOHNSTON**.....

Address Box 2076, Hobbs, New Mexico
Position or Title Superintendent of Production