| | No. percie se espantad | | | _ | |
|-----|--|--|--|---|--|
| | DISTRIBUTION | NEW MEYICO OL O | | TON SEED (ATLANT COMMETC) | |
| | SANTA FE | HEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE | | | Form 3-,34 Supersedes Old C-104 and C-1 |
| | FILE | AND REQUEST FOR ALLOWABLE Start St | | | |
| | U.S.G.S. | AND | | | |
| | LAND OFFICE | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | |
| | IRANSPORTER OIL | - ; | | | |
| | OPERATOR | _ | | | |
| I. | PRORATION OFFICE | : | | | |
| | Atlantic Richfield Company | | | | |
| | P. O. Box 1710, Hobbs, New Mexico 88240 | | | | |
| | Reason(s) for filing (Check proper box) Other (Please explain) Included in Seven Rivers | | | | |
| | New Well | Change in T | ransporter cf: | | 9-1-73. Change in lease |
| | Recompletion | Cil | Diy o | | _ |
| | Charte in Cwnership X | Casinghead | Gas Conse | | Jones #J. |
| | | 1. 1. 1 | | | |
| | 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 | Trail No. Eagl No. | ine, Including Formation | Kind of Lease |
| | | ni+ | | | |
| | Seven Rivers Queen U | III L | 29 Eulii | ce Seven Rivers Queen So | state, rederat or ree ree |
| | Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West | | | | |
| | Line of Section 35 , To | wnship 22S | Range | 36E , NMPM, | Lea County |
| | <u> </u> | <u> </u> | | | |
| ш. | DESIGNATION OF TRANSPOR | TER OF OIL A | ND NATURAL GA | NS | |
| | Name of Authorized Transporter of Cil | | iensate | Address (Give address to which appro | oved copy of this form is to be sent) |
| | | | | | |
| | Texas New Mexico Pip | eline Compai | ny | P. O. Box 1510, Midlar | nd, Texas 79701 |
| | Texas New Mexico Pip Name of Authorized Transporter of Ca | | | P. O. Box 1510, Midlar Address (Give address to which appro- | . · · |
| | Name of Authorized Transporter of Ca | singhead Gas X | | Address (Give address to which appro | . · · |
| | Name of Authorized Transporter of Ca Phillips Petroleum C | singhead Gas X | | Address (Give address to which appropriately Phillips Bldg. 4th & Wa | oved copy of this form is to 429760 |
| | Name of Authorized Transporter of Ca | singhead Gas X | or Dry Gas | Address (Give address to which appropriately Phillips Bldg. 4th & Wa | oved copy of this form is to 7:9760 ashington, Odessa, Texas |
| | Name of Authorized Transporter of Ca Phillips Petroleum C If well produces oil or liquids, give location of tanks. | ompany Unit Sec. N 35 | or Dry Gas Twp. Ege. 22S 36E | Address (Give address to which appropriate Phillips Bldg. 4th & Walls gas actually connected? When Yes | ashington, Odessa, Texas |
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| | Name of Authorized Transporter of Ca Phillips Petroleum C If well produces oil or liquids, give location of tanks. If this production is commingled wi | ompany Unit Sec. N 35 th that from any | or Dry Gas Twp. Rge. 22S 36E other lease or pool, | Address (Give address to which appropriate Phillips Bldg. 4th & Walls gas actually connected? When Yes give commingling order number: | oved copy of this form is to 7:9760 ashington, Odessa, Texas en Unknown |
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VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

OIL CONSERVATION COMMISSION

Choke Size

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.

Administrative Supervisor

August 9, 1973

(Title)

(Date)

Tubing Pressure

APPROVED _______, 19 ______

BY____

TITLE _

Casing Pressure

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.