

NO. OF COPIES RECEIVED  
DISTRIBUTION  
SANTA FE  
FILE  
U.S.G.S.  
LAND OFFICE  
TRANSPORTER OIL  
GAS  
OPERATOR  
PRODUCTION 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 1-1-68

Atlantic Richfield Company

Address

P. O. Box 1710, Hobbs, New Mexico 88240

Reasons for filing: Check proper box.

Other: Please explain. Included in Seven Rivers Queen Unit eff: 9-1-73. Change in lease name from Rodman Jones #4.

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

Well Name	Seven Rivers Queen Unit	Well No.	39	Section	39	Township	22S	Range	36E	County	Lea
Kind of Lease	State, Federal or Fee Fee										
Unit Letter	M	Feet From The	660	South	Line and	660	Feet From The	West			
Line of Section	35	Township	22S	Range	36E	County	Lea				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	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 Gas	Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent)	Phillips Bldg. 4th & Washington, Odessa, Texas 79760			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	N	35	22S	36E	Yes	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.	Unit. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
Name of Producing Formation	Top of Gas Pay	Testing Depth	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.

A. L. Shackelford  
(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 multiple