NO. OF COPIES RECE			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
INANSPORTER	GAS		
OPERATOR			
	1		

	DISTRIBUTION SANTA FE		REQUEST FO	SERVATION COMMISSION OR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
-	FILE			AND SPORT OF AND MATURAL CAS	•	
-	U.S.G.S.	+	AUTHURIZATION TO TRAN	SPORT OIL AND NATURAL GAS	•	
	IRANSPORTER GAS					
ŀ	OPERATOR					
1.	PRORATION OFFICE					
	Operator ARCO 0il &				ļ	
}	Division of	Atl	antic Richfield Company			
		710.	Hobbs, New Mexico 88240)		
ŀ	Reason(s) for filing (Check prope	r box)	1.000	Other (Please explain)		
	New We!l		Change in Transporter of:	Effective 5-1-79		
	Recompletion		Oil Dry Gas Casinghead Gas X Condense			
	Change in Ownership		Casingheda Gas III Condense			
	If change of ownership give na and address of previous owner					
п	DESCRIPTION OF WELL A	AND I	LEASE			
	Lease Name	<u> </u>	Well No. Pool Name, Including For		Ledse No.	
	Seven Rivers Que	en Ui	nit 40 Eunice Seven Ri	vers on so. State, reactare		
	Location Unit Letter N;	198	Feet From The West Line	andFeet From The	South	
	Line of Section 35	Tov	vnship 22S Range	36E , NMPM, Le	a County	
***	DESIGNATION OF TRANS	PORT	TER OF OIL AND NATURAL GAS			
111.	Name of Authorized Transporter	of Oil	X or Condensate	Address (Give address to which approved . 0. Box 1510, Midland,	d copy of this form is to be sent) Texas 79701	
	Texas New Mexico	Pip		O. BOX 1510, Fildland,	d many of this forms is to be sent)	
	Name of Authorized Transporter Petro Lewis Corp	of Cas	or Dry Gas p	Address Give address of which are re- 001 Penbrook, Odessa, Te 0. Box 1509, Tulsa, Ok	797602	
		Coř	Unit Sec. Twp. Pge.	Is gas actually connected? When	5_1_70 PP 3-16-74	
	If well produces oil or liquids, give location of tanks.		I 34 22 36	Yes War	5-1-79, PP 3-16-74 eren 3-25-60	
	·	led wi	th that from any other lease or pool, g	ive commingling order number: R -	-663 R-4671	
IV.	COMPLETION DATA				Plug Back Same Resty. Diff. Resty.	
	Designate Type of Com	pletio	$\operatorname{on} - (X)$			
	Date Spudded		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
				Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR,	etc.j	Name of Producing Formation	10p 011/ 0d3 1 d1		
	Perforations				Depth Casing Shoe	
			TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE SIZE					
			OD ATTOWARTE (Test must be of	ter recovery of total volume of load oil a	nd must be equal to or exceed top allow-	
V	. TEST DATA AND REQUE	281. F	able for this de	pth or be for full 24 hours)		
	Date First New Oil Run To Tar	nks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)	
			Tuking Deserves	Casing Pressure	Choke Size	
	Length of Test		Tubing Pressure			
	Actual Prod. During Test		Oil-Bbls.	Water-Bbls.	Gas-MCF	
	l		<u> </u>			
	GAS WELL			Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D		Length of Test	Bols. Condensate/MMCF	(3.47.17) 67 66.114.1154.15	
	Testing Method (pitot, back pr	•.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	1 county mornou (prior) 5-50 Pr					
V	I. CERTIFICATE OF COM	PLIA!	NCE	OIL CONSERVA	TION COMMISSION	
		APPROVED 1979, 19				
	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.		O :- Signed htt			
			Jerry Sexion			
			TITLE Dist 1, Supv.			
				This form is to be filed in c	compliance with RULE 1104.	
	D. L. Sha	cke	Chard	If this is a request for allow	able for a newly drilled or deepened	
	D. L. Shackelfard (Signature)			If this is a request for allowable for a how, well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	Enara Tach Si	nec		11	as he silled out completely for allow	

D. L. Shackelford
Engrg. Tech. Spec.
(Title)

(Date)

6-15-79

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

Fill out only Sections I, II, III, and VI 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

RECEIVED

JUN 1 9 1979

CIL OF THE VATION COMM.