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| TRANSPORTER            | <input type="checkbox"/> OIL<br><input type="checkbox"/> 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 ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☒

Other (Please explain) **Included in Seven Rivers Queen Unit eff: 9-1-73. Change in lease name from Rodman Jones #2.**

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<br><b>Seven Rivers Queen Unit</b>  | Well No. <b>30</b> Pool Name, including Formation<br><b>Eunice Seven Rivers Queen So.</b> | Kind of Lease<br>State, Federal or Fee <b>Fee</b> |
| Location<br>Unit Letter <b>L</b> ; <b>2310</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>West</b><br>Line of Section <b>35</b> , Township <b>22S</b> Range <b>36E</b> , NMPM, <b>Lea</b> 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"/><br><b>Texas New Mexico Pipeline Company</b>  | Address (Give address to which approved copy of this form is to be sent)<br><b>P. O. Box 1510, Midland, Texas 79701</b>                     |   |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><b>Phillips Petroleum Company</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>Phillips Bldg. 4th &amp; Washington, Odessa, Texas 79760</b> |   |
| If well produces oil or liquids, give location of tanks.  | Unit <b>N</b> Sec. <b>35</b> Twp. <b>22S</b> Rge. <b>36E</b>  | Is gas actually connected? <b>Yes</b> When <b>Unknown</b> |

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)   | <input type="checkbox"/> Oil Well | <input type="checkbox"/> Gas Well | <input type="checkbox"/> New Well | <input type="checkbox"/> Workover | <input type="checkbox"/> Deepen | <input type="checkbox"/> Plug Back | <input type="checkbox"/> Same Res <sup>h</sup> | <input type="checkbox"/> Diff. Res <sup>h</sup> |
| Date Spudded                         | Date Compl. Ready to Prod.        |                                   | Total Depth                       |                                   |                                 | P.B.T.D.                           |  |   |
| Pool                                 | Name of Producing Formation       |                                   | Top Oil/Gas Pay                   |                                   |                                 | Tubing Depth                       |  |   |
| Perforations                         |                                   |                                   |                                   |                                   |                                 | 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.

*D. 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 multiply completed wells.

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

COMPANY Albert Gackie, Operator P. O. Box 2076, Hobbs, New Mexico  
(Address)

LEASE Rodman-Jones WELL NO. 2 UNIT L S 35 T 22 S. R 36 E.  
DATE WORK PERFORMED 10-14-60 POOL South Eunice

This is a Report of: (Check appropriate block) ☐ Results of Test of Casing Shut-off

## ☐ Beginning Drilling Operations

☐ Remedial Work

### □ Plugging

☒ Other      **Sandfrac**

Detailed account of work done, nature and quantity of materials used and results obtained.

Perforated 3686-3702', set packer at 3705' and fraced down tubing and casing. Acidized with 250 gals Spearhead Acid and Sanfraced with 15,000 gals lease oil. 22,500 lbs. 20/40 sand. Used 100 lbs. meth balls. Formation broke & treated at 2,000 PSI casing pressure. Average injection rate 25.5 BOPM. After testing zone at rate of 35 BOPD pulled packer and reran tubing to 3600'.

## FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:

DF Elev. 3503' TD 4010 PBD \_\_\_\_\_ Prod. Int. 3712-78' Compl Date 6-19-58  
Tbng. Dia 2 Tbng Depth 3600' Oil String Dia 5 1/2 Oil String Depth 4010'  
Perf Interval (s) 3712 - 18', 3758 - 78'  
Open Hole Interval None Producing Formation (s) Queen

RESULTS OF WORKOVER:

BEFORE

AFTER

Date of Test

10-11-60

10-27-60

Oil Production, bbls. per day

Well Dead

35

Gas Production, Mcf per day

394

Water Production, bbls. per day

4

Gas-Oil Ratio, cu. ft. per bbl.

11.280

Gas Well Potential, Mcf per day

Witnessed by **Clarence Armstrong**

Albert Gackle, Operator  
(Company)

OIL CONSERVATION COMMISSION

Name

Title

Date \_\_\_\_\_

I hereby certify that the information given above is true and complete to the best of my knowledge.

Name \_\_\_\_\_

## Position

**Company**