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	SANTA FE				_
	FILE				
	U.S.G.S.				_
	LAND OFFICE				
Г	TRANSPORTER	OIL			_
		GAS			
	OPERATOR				
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· 17	Operator approved to Com				

	DISTRIBUTION SANTA FE FILE	NTA FE REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65					
•	U.S.G.S.  LAND OFFICE  TRANSPORTER  OIL	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	OPERATOR GAS								
I.	Operator ARCO Oil & Gas Co	ompany							
		ntic Richfield Company							
	P. O. Box 1710, Hobbs, New Mexico 88240  Reason(s) for filing (Check proper box)  New Well Change in Transporter of:  Recompletion Dry Gas  Change in Transporter of:  Effective 5-1-79								
	Change in Ownership Casinghead Gas X Condensate								
	If change of ownership give name and address of previous owner								
II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, Including Formation  Lease No.									
Seven Rivers Queen Unit 18 Eunice Seven Rivers Qn So. State, Federal or Fee Fee									
	Unit Letter D; 660 Feet From The North Line and 660 Feet From The West								
	Line of Section 35 Tow	nship 22S Range	36E , NMPM, Lea	County					
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Oil _X   Or Condensate   Address (Give address to which approved copy of this form is to be sent)									
	Teves New Mexico Pinel	ine Co.	P. O. Box 1510, Midland	Tex. 79701					
	Nege of Authorized Transporter of Casinghead Gas A or Dry Gas Petro Lewis Corp. Phillips Petroleum Co.		Address (Give address to which approved cony of this farm is to be sent) 4001 Penbrook, Odessa, Tex. 79760 P. O. Box 1509, Tulsa, Okla. 74102						
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. I 34 22 36	Yes	PL 5-1-79, PP 3-16-74 Warren 3-25-60					
IV.	If this production is commingled wit COMPLETION DATA			Plug Back   Same Res'v. Diff. Res'v.					
	Designate Type of Completio		i i i i i i i i i i i i i i i i i i i	Fridg Back Counter New York					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	Elevations (DF, RKB, RT, GR, etc.)	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 FO	DR ALLOWABLE (Test must be at	fter recovery of total volume of load oil of pth or be for full 24 hours)	and must be equal to or exceed top allow-					
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size					
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF					
			<u>                                     </u>						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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		OIL CONSERVA	TION COMMISSION					
			APPROVED, 13						
	Commission have been complied to the above is true and complete to the	e best of my knowledge and belief.	Jerry Sexion						
			TITLE Dist 1, Supv.  This form is to be filed in compliance with RULE 1104.						
	D. L. Shackelf	and the	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.						
	(Sign	ature)							
	· (T)	lech.							
	6-20-	-79 ate)	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 completed wells.						
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