DISTRIBUTION ANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 und C-1 Elloctive 1-1-65	
I.S.G.S. AND OFFICE IRANSPORTER GAS OPERATOR	AUTHORIZATION TO TR.	AND ANSPORT OIL AND NATURAL GA		
PRORATION OFFICE		•		
Operator				
Atlantic Richfield Comp Address P. O. Box 1710, Hobbs,		•		
Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership	Additional 光光光光 Transporter of: Oil Dry G		74 Ashland	
If change of ownership give name and address of previous owner	Casinghead Gas [x] Conde	nsate []		
I. DESCRIPTION OF WELL AND	TFACE			
Lease Name	Well No. Pool Name, Including F	formation Kind of Lease	Lease No.	
Seven Rivers Queen Unit	_	•	Fee Fee	
Unit Letter D; 66	Feet From The North	ne and 660 Feet From The	West	
Line of Section 35 To	wnship 22S Range	36E , NMPM, Lea	County	
I. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Office of	TER OF OIL AND NATURAL GA	AS Address (Give address to which approved	copy of this form is to be sent)	
Texas New Mexico Pipeli		P. O. Box 1510, Widland.	Texas 79701	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Phillips Petroleum Company Ashland Chemical Company		Address (Give address to which approved Phillips Bldg., 4th & Wash P. O. Box 1503, Houston.	copy of this form is to be sent) ington, Odessa, TX 79760	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. I 34 22 36	Is gas actually connected? When	PP 03/16/74 ACC 03/21/74	
If this production is commingled wi	th that from any other lease or pool,	give commingling order number: R	-663 & R-4671	
Designate Type of Completic	on - (X)	New Well Workover Deepen F	Plug Back Same Restv. Diff. Restv.	
Date Spudded .	Date Compl. Ready to Prod.	Total Depth F	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	ubing Depth	
Perforations			Pepth Casing Shoe	
	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		4		
. TEST DATA AND REQUEST F		ifter recovery of total volume af load oil 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 lift, e	etc.)	
Length of Test	Tubing Pressure	Casing Pressure C	Choke Size	
Actual Prod. During Test	Oil-Bbis.	Water-Bbis. G	ds - MCF	
	<u> </u>	<u> </u>	P. S. 11	
GAS WELL		T		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	cravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Thoke Size	
I. 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.		OIL CONSERVATI	OIL CONSERVATION COMMISSION	
		APPROVED	, 19	

Senior Accounting Clerk

March 27, 1974

(Title)

(Date)

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 NULE 111.

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