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NO. OF COPIES RECEIVED			
DISTRIBUTION		CONSERVATION COMMISSION	D
SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110
FILE	·	AND	Effective 1-1-55
U.S.G.S.		ANSPORT OIL AND NATURAL (-
LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT UIL AND NATURAL (JAS
OIL			۰.
TRANSPORTER			
GAS			-
OPERATOR			· · · · · · · · · · · · · · · · · · ·
I. PRORATION OFFICE			
Operator ARCO Oil and			
Division of A	tlantic Richfield Company		
Address			
P. O. Box 1710	0, Hobbs, New Mexico 8824	0	
Reason(s) for filing (Check proper			
New Well		Other (Please explain)	
	Change in Transporter of:	Change in Operat	1
Recompletion	OII Dry Go	ns 🔄 effective: 4-1-	-79
Change in Ownership	Casinghead Gas Conde	nsate	
		······································	
If change of ownership give name	e		
and address of previous owner			
II. DESCRIPTION OF WELL AN		me, Including Formation	
			Kind of Lease
Seven Rivers Quee	n Unit 53 Jana	the Mattin Seven River Queer	State, Federal or Fee Epo JU
Location		1	
Unit Letter E ; /	980 Feet From The North Lir	ne and 660 Feet From "	
Cint Letter;;	<u>150</u> Peer From The <u>1404</u> Life	ne and <u>660</u> Feet From	The call
Line of Section 2		—	
Line of Section X	Township 233 Range 2	SLE, NMPM,	LCA County
			· · · · · · · · · · · · · · · · · · ·
II. DESIGNATION OF TRANSPO	DRTER OF OIL AND NATURAL GA	IS	
Name of Authorized Transporter of	Oil or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)
nine	$\omega = \omega = \omega$		· · · · · · · · · · · · · · · · · · ·
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which appro-	ved copy of this form is to be sent
			the copy of and join is to be senty
hin			
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en
give location of tanks.			
If this production is commingled	with that from any other lease or pool,		· · · · · · · · · · · · · · · · · · ·
		give commingling order number	
V. COMPLETION DATA	and that how any other rease of pool,	give commingling order number:	
V. COMPLETION DATA	Oli Well Gas Well	New Well Workover Deepen	Plug Back 'Same Ros'y, Diff. Re.
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& Drlg. Supt.	tests taken or
(Title)	All section
2-7-79	able on new a

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	This form is to be filed in compliance with RULE 1104.
well	f this is a request for allowable for a newly drilled or deepened this form must be accompanied by a tabulation of the deviation taken on the well in accordance with RULE 111.

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

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