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U.S.G.S.
LAND OFFICE
TRANSPORTER OIL GAS
OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Oil C-104 and C-105
Effective 1-1-65

I. TRANSPORTER	
Atlantic Richfield Company	
Address P. O. Box 1710, Hobbs, New Mexico 88240	
Reason(s) for filing (check proper box)	
Change in Ownership <input checked="" type="checkbox"/>	Change in Transporter <input type="checkbox"/>
Change in Lease <input type="checkbox"/>	Change in Pool <input type="checkbox"/>
Change in Well <input type="checkbox"/>	Change in Gas <input type="checkbox"/>
Other (Please explain) Included in Seven Rivers Queen Unit eff: 9-1-73. Change in lease name from J. F. Janda NCT "I" #9.	

If change of ownership give name and address of previous owner Gulf Oil Company - U.S., P. O. Box 670, Hobbs, New Mexico 88240

II. DESCRIPTION OF WELL AND LEASE

Well Name	Well No., Pool Name, Including Formation	Kind of Lease
Seven Rivers Queen Unit	54 Eunice Seven Rivers Queen So.	State, Federal or Fee State
Location		
Unit Letter F	1980 Feet From The North	Line and 1980 Feet From The West
Line of Section 2	Township 23S	Range 36E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate	Address (Give address to which approved copy of this form is to be sent)		
Shell Pipeline Corporation	P. O. Box 1910, Midland, Texas 79701		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas	Address (Give address to which approved copy of this form is to be sent)		
Warren Petroleum Corporation	P. O. Box 1589, Tulsa, Oklahoma 74101		
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 2	Twp. 23S Rge. 36E
	Is gas actually connected? Yes		When Unknown

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)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest.	Diff. Rest.
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.