DISTRIBUTION			l	
ANTA FE				
FILE				
IJ.\$.G.\$.				
-AND OFFICE				
IRANSPORTER	OIL			
L	GAS			
OPERATOR				
PRORATION OFFICE				
Operator				
Atlantic Ric	hfiel	d C	omp	
Address				
P. O. Box 17	10, H	obb	s,	
Reason(s) for filing (Check proper box				

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-11

	FILE	7	AND	Effective 1-1-65			
	IJ.S.G.S.	AUTHORIZATION TO TR	AND				
	-AND OFFICE	AUTHORIZATION TO TR.	ANSPORT OIL AND NATURAL	GAS			
	OIL	-					
	TRANSPORTER GAS	-					
	OPERATOR						
1.	PRORATION OFFICE	<del>-  </del>					
ı.	Operator	<del></del>					
	Atlantic Richfield Com	nany					
	Address						
	D 0 D 1710 W-bbs	P. O. Box 1710, Hobbs, New Mexico 88240					
	Reason(s) for filing (Check proper bo						
	New Well	•	Other (Please explain)				
	Recompletion	Change in Transporter of:	776641	-13 3 1074			
		Oil X Dry G	as Effective: Apr	11 1, 1974			
	Change in Ownership	Casinghead Gas Conde	ensate				
	If change of ownership give name						
	and address of previous owner						
11.	DESCRIPTION OF WELL AND						
	Lease Name	Well No. Pool Name, Including F Langlie Mattix		Lease No.			
	Seven Rivers Queen Uni	t 52 Seven Rivers Q	ueen State, Fede	ral or Fee State B-1506			
	Location						
	Unit Letter H 19	980 Feet From The North Lin	ne and 660 Feet From	East			
			1 Get 1 ton	. The			
	Line of Section 3 To	ownship 23S Range	36E , <sub>NMPM</sub> , I	Lea County			
				County			
Ш.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS				
	Name of Authorized Transporter of Ci	or Condensate		roved copy of this form is to be sent)			
•	Texas New Mexico Pipel	ine Company	P.O. Box 1510, Midlar	•			
	Name of Authorized Transporter of Co	isinghead Gas X or Dry Gas	Address (Give address to which app	oved copy of this form is to be sent)			
	Phillips Petroleum Com		i				
		Unit Sec. Twp. Rge.		Washington, Odessa, TX79760			
	If well produces oil or liquids, give location of tanks.	I 34 22 36		Unknown			
		<del></del>	Yes				
F3/	If this production is commingled w	ith that from any other lease or pool,	give commingling order number:	R-663 & R-4671			
1V.	COMPLETION DATA	Oil Well Gas Well					
	Designate Type of Completi		New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.			
	Date Spudded	<u>i</u>	+ + + + + + + + + + + + + + + + + + + +	l :			
	Date Spunded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Flourities (DE BED DE CO	- <del> </del>					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth			
	Perforations			Depth Casing Shoe			
		TUBING, CASING, AN	D CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
V.	TEST DATA AND REQUEST F	OR ALLOWARIE (Test must be a	of the secondary of social malana of land of	l and must be equal to or exceed top allow-			
• •	OIL WELL	able for this de	epth or be for full 24 hours)	i and must be equal to or exceed top allow-			
	Date First New Oil Run To Tanks	lift, etc.)					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bbis.	Water-Bbis.	Gas-MCF			
	-			341-1107			
		<u> </u>	<u> </u>				
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Phile Cont.				
	Actual Flod. 1881-MCF/D	Lenden or rest	Bbls. Condensate/MMCF	Gravity of Condensate			
	Table Maked (single back as )			<u> </u>			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-im)	Choke Size			
		1					
VI.	71. CERTIFICATE OF COMPLIANCE OIL CONSERVATION CO		ATION COMMISSION				
			il	,			
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	, 19			
Commission have been complied with and that the information given							
above is true and complete to the best of my knowledge and belief.		BY Orlo Pio					
	D. L. Shackelford		TITLE				
			THE This form is to be filed in compliance with RULE 1104.				
	N. L. Smack	eftera!	If this is a request for allowable for a newly drilled or deepened				
	(Sign	olute)	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 allow-				
	Senior Account:						
	(Title)		All sections of this form m able on new and recompleted w	ust be inted out completely for allow-			
Vench 07 1074			ante on new and recompleted wetts.				

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