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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 C-104 (1-1-64)
Effective 1-1-64

I. **Transporter**
Atlantic Richfield Company
P. O. Box 1710, Hobbs, New Mexico 88240
Reasons for filing (check proper box)
Change in ownership ☐ Change in lease ☐ Other (please explain) Included in Seven Rivers Queen Unit eff: 9-1-73. Change in lease name from Sinclair "B" State #11.
If change of ownership give name and address of previous owner Gackle Oil Company, P. O. Box 2038, Hobbs, New Mexico 88240

II. **DESCRIPTION OF WELL AND LEASE**
Well Name Seven Rivers Queen Unit Well No. 51 Kind of Lease Eunice-Seven Rivers Queen So. State, Federal or Fee State
Location East Letter G 1980 Feet From The North Line and 1980 Feet From The East
Line of Section 3 Township 23S Range 36E NMPM Lea County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**
Name of Authorized Transporter of Oil ☒ or Condensate Shell Pipeline Company Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Texas 79701
Name of Authorized Transporter of Gas ☒ or Dry Gas Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent) 79760 Phillips Bldg. 4th & Washington, Odessa, Texas
If well produces oil or liquids, give location of tanks. Unit E Sec. 3 Twp. 23S Rge. 36E Is gas actually connected? Yes When Unknown

IV. **COMPLETION DATA**
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Reentry East Reentry
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Name of Producing Formation Top of Producing Formation Tubing Depth
Depth of Cement Plug

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.
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

D. L. Shackelford
(Signature)
Administrative Supervisor
(Title)
August 9, 1973
(Date)