Submit 5 Copies
Appropriate District Office Appropriate Diagram Communication DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

SHE IN INCH ITICIAL 1 By, Minerals and Natural Resources Departm

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM \$7410

DISTRICT B P.O. Drawer DD, Arlesia, NM \$8210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Cperator		U INA	137	UNI UIL	AND INA	OUVE ON	NOT A	PI No.			
prision								0-025-09241-00			
Address											
P. O. Drawer 590, Midl Resecute for Filing (Check proper box)	and. TX	7970	2		Oth	z (Please expla	in)				
New Well	C	Change in '		_		•					
Recompletion	Oil		Dry G	_							
Change in Operator X	Caninghead		Coode				_				
and address of previous operator ARCO	Oil and	d Gas	Com	pany. P	O Box	1610, Mi	dland,]	X 7970	2		
IL DESCRIPTION OF WELL AND LEASE						e longita (Mada			Clease Lease No.		
Seven Rivers Queen Unit Well No. Pool Name, Inch 50 Mattix Se				tix Seve	Langine 1			of Lease No. Federal or Fee			
Location	. 1980		E. a. I	 - No	orth 1:~	and 1980	. Fa	et From The .	West	Line	
Unit Letter	·										
Section 3 Township	23 S		Rang	≥ 36 E	, NI	мрм,	Lea			County	
III. DESIGNATION OF TRAN		OF OI		ND NATU	RAL GAS		lish same and	anne of this f	ion is to be se	er)	
Name of Authorized Transporter of Oil Texas New Mexico Pipel	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240										
Name of Authorized Transporter of Casinghead Gas					Address (Give address to which approved copy of this form is to be sent)						
	M Das Corp)+ 	Box 1589, Tulsa, OK is gas actually connected? Whe			74102 17 Warren: 4/18/74			
If wall produces oil or liquids, give location of tanks.		Sec. 34	16 p. 22	36	Yes	y comected?) wasa	Philli		/4 L8/74	
If this production is commingled with that i	from any othe	r lease or p	pool, 1	ive comming!	ing order num	ber: R6	63/R467				
IV. COMPLETION DATA							Description	Dhua Baak	Same Res'v	Diff Resy	
Designate Type of Completion	- (X)	 ०१ स्थ		Gas Well	New Well	Workover	Deepea	ring sack	Seine Kes V		
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
Perforations								Depth Casing Shoe			
					(F) (F) (F)	NC BECOR	<u> </u>				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT			
HOLE SIZE	FACE SIZE CHARGE TO AN AND THE SIZE										
	 				 		 · - · · · · · · · · · · · · · · · · 	 			
V. TEST DATA AND REQUES	T FOR A	LLOW	ABL	E	<u> </u>						
OIL WELL (Test must be after t			of loa	d oil and must	be equal to a	exceed top alle	owable for thi	s depth or be	for full 24 hou	F2.)	
Date First New Oil Run To Tank Date of Test					Flooding N	realized (1 nows, pr					
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	During Test Oil - Bbls.				Water - Bbls.			Gas- MCF			
					<u></u>						
GAS WELL					Y817 =	A RTAN		Manufacture of			
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)			Choke Size			
Au ODED 1 TOD CED TOTAL	ATTE OF	COL	OT 1 4	NCE	1	····		.1			
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my-knowledge and belief.					D=1	Date ApprovedSEP 0 3 '92					
// 1		Su	/		Dat	e wbblove	~				
Seesting 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					By_	By ORIGINAL SIGNED BY JERRY SEXTON					
Robert H. Marshall VP					BISTRICT I SUPERVISOR						
Printed Name /92	(915	685	5-6	0//3	Title)					
Deta		Tel	ephon	e No.							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.