

NO. OF COPIES RECEIVED
DISTRIBUTION
SANTA FE
FILE
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 and C-104-2
Effective 1-1-73

I. **PRORATION OFFICE**
Name Atlantic Richfield Company
Address P. O. Box 1710, Hobbs, New Mexico 88240
Reason for filing (Check proper box)
Change in Ownership ☐ Other (Please explain) Included in Seven Rivers Queen Unit eff: 9-1-73. Change in lease name from Sinclair "B" State #7.
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**
Lease Name Seven Rivers Queen Unit
Section 45
County Euniee
State Seven Rivers Queen So
Kind of Lease State, Federal or Free State
Location
Unit Letter A
Feet From The 660 North
Feet From The 660 East
Line of Section 3
Township 23S
Range 36E
County Lea

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

IV. **COMPLETION DATA**
Designate Type of Completion - (X)
Date Spudded
Date Compl. Ready to Prod.
Total Depth
P.B.T.D.
Name of Producing Formation
Top of Gas Pay
Tubing Depth
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-Bbl's.
Water-Bbl's.
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.
Signature
Administrative Supervisor
(Title)
August 9, 1973
(Date)
OIL CONSERVATION COMMISSION
APPROVED
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