

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

Form C-104
Supersedes Oil Conservation
Effective 1-1-73

FILED FOR RECORD
DISTR. BUT. ON
TAPE
E
S.G.S.
AND OFFICE
TRANSPORTER OIL
GAS
OPERATOR
PRORATION OFFICE

Operator
Atlantic Richfield Company
Address
P. O. Box 1710, Hobbs, New Mexico 88240
Reasons for filing (Check proper box)
New Well ☐ Change in Lease ☐ Other (Please explain) Included in Seven Rivers
Lease ☐ Oil ☐ Queen Unit eff: 9-1-73. Change in lease
Transportation ☒ Leasehold ☐ name from Sinclair "B" State #6.
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
Well No. Pool Name, Including Formation
47 Eunice Seven Rivers Queen So.
Kind of Lease
State, Federal or Fee State
Location
Unit Letter C 2310 Feet From The West Line and 660 Feet From The North
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 ☐ 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 Gashead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company 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

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. Restv.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Well Name of Producing Formation Top Oil Gas Day 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.


(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