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G.S.  
AND OFFICE  
TRANSPORTER OIL  
GAS  
OPERATOR  
PRODUCTION OFFICE

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

Form C-104  
Supersedes C-104 and C-105  
Effective 1-1-63

Atlantic Richfield Company

Address  
P. O. Box 1710, Hobbs, New Mexico 88240

Reason(s) for filing (check proper box)

Change in Transporter to \_\_\_\_\_ Other (Please explain) Included in Seven Rivers  
Change in Lease to \_\_\_\_\_ Queen Unit eff: 9-1-73. Change in lease  
Change in Ownership to \_\_\_\_\_ name from Sinclair "B" State #5.  
Change in Well to \_\_\_\_\_  
Change in Production to \_\_\_\_\_

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.	46	Well Name, including Formation	Eunice Seven Rivers Queen So.	Kind of Lease	State	
Location	Section 3, Township 23S, Range 36E, NMPM, Lea County	Nearest Letter	B	1980 Feet From The	East	Line and	330 Feet From The	North

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> 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 Gas <input checked="" type="checkbox"/> 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 79760				
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'n	Diff. Rest'n
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Measurements			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.

A. L. Shackelford  
(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 well.