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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 Old C-104 and C-110  
Effective 1-1-65

Operator ARCO Oil and Gas Company Division of Atlantic Richfield Company	
Address P. O. Box 1710, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Seven Rivers Queen Unit	Well No. 60	Pool Name, including Formation Eunice 7R Qn South	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location: Unit Letter L ; 2605 Feet From The South Line and 1280 Feet From The West Line of Section 34 Township 22S Range 36E, NMPM, Lea County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Texas New Mexico Pipeline Co.	Box 2528, Hobbs, N.M. 88240				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Phillips Petroleum Co. Petro Lewis Corp. Warren Petroleum Co.	4001 Penbrook, Odessa, TX Box 16200, Lubbock, TX Box 1589, Tulsa, Okla				
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 34	Twp. 22	Rge. 36	Is gas actually collected? <input checked="" type="checkbox"/> When 4/18/83

If this production is commingled with that from any other lease or pool, give commingling order number: R-663 & R-4671

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2/27/83	Date Compl. Ready to Prod. 4/14/83		Total Depth 3925'		P.B.T.D. 3881'			
Elevations (DF, RKB, RT, GR, etc.) 3485.6' GR	Name of Producing Formation 7Rivers Qn		Top Oil/Gas Pay 3689'		Tubing Depth 3798'			
Perforations 3689, 91, 94, 96, 99, 3711, 27, 29, 31, 49, 51, 55, 62, 64, 66, 68, 70, 73, 85, 87, 93, 95, 3801, 11, 13, 17, 26, 28'					Depth Casing Shoe 3925'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	14" OD cond pipe		30'		2 1/2 yds			
11"	8-5/8" OD		305'		200			
7-7/8"	5 1/2" OD		3925'		950			
	2-3/8" OD		3798'					

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 4/5/83	Date of Test 5/5/83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure ---	Choke Size -
Actual Prod. During Test 221 bbls	Oil-Bbls. 92	Water-Bbls. 129	Gas-MCF 49

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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)  
Dr. L. W. L. L. L.  
(Title)  
5/9/83  
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 13 1983, 19  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
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 only Sections I, II, III, and VI 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 completed wells.