DISTRIBUTION SANTA FE FILE 1.

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Parm C-104 Supersedes Old C-104 and C-11 Effective 1-1-65

1	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
ı	LAND OFFICE	4			
l	TRANSPORTER OIL	┥			
	GAS	┥		-	
	PROBATION OFFICE	-			
1.	Operator ARCO Oil and Gas	Company			
	Division of Atlantic Richfield Co.				
	Address	Address			
	P.O. Box 1710, Hobbs, NM 88240				
	Reason(s) for filing (Check proper bo		Other (Please explain)		
	New We!I	Change in Transporter of:			
	Recompletion	Oil Dry Gas			
	Change in Ownership	Casinghead Gas X Condens	$_{\text{one}} \square \mid \text{Effective } 5-1-84$		
	If change of ownership give name				
	and address of previous owner				
-	DESCRIPTION OF WELL AND	LEASE			
	Lease Name	Well No. Pool Name, including for			
	Seven Rivers Queen Uni	t 61 Eunice Seven F	Rivers Qn South State, Federal	or Fee Fee	
	Location			11	
	F 244	0 North Line	2435 Feet From T	West	
	Unit Letter:	F66(110m 110		•	
	Line of Section 34 T	ownship 22S Ronge	36E , NMPM,	Lea County	
	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GAS			
	Rame of Authorized Transporter of C	31 (A) or Condensate	Vagious (Cine agains to mutch abbior		
	Texas New Mexico Pipel	ine Co.	P.O. Box 2528, Hobbs, N		
	Name of Authorized Transporter of C	Casinghead Gas X or Dry Gas	Address (Give address to which appropriate P.O. Box 1231, Midland 4001 Penbrook, Odessa,	ed carry of this form is to be sent)	
	I Phillips Petroleum Co.	<u></u>	4001 Penbrook, Odessa,	TX 79760	
	Warren Petroleum Corp.	Unit Sec. Twp. P.ge.	Is BONGCHURLY control of the Whe	3	
	give location of tanks.	I 34 22 36	Yes Phi	11ips 4-12-83 Warren 4-12-83	
	To this production is commingled to	with that from any other lease or pool, g	rive commingling order number: R	-663/R-4671	
IV.	COMPLETION DATA				
•••		, on wen	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v	
	Designate Type of Complete	ll			
	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	
				Depth Casing Shoe	
	Perforations Depth Casing Shoe				
	TUBING, CASING, AND CEMENTING RECORD				
			DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEFINAL	JACKO GEMENT	
			ter recovery of sotal volume of load oil	and must be send to as exceed top allow	
V	. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be affined able for this de	pth or be for full 24 hours)	and might be equal to or exceed top area	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	(t, etc.)	
	Date First New Cit Run 10 1444				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Length of feet				
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
	Actual Floring				
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
12/1	I. CERTIFICATE OF COMPLIA	ANCE	OIL CONSERVA	TION COMMISSION	
•	i. CERTIFICATE OF COMPEN		∥ JUN I 3	1984	
	I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION COMMISSION JUN 13 1984		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Eddie W. Seay OH & Gas Inspector		
	above is true and complete to	the best of my knowledge and belief.	MI & Gris	Inspector	
		_	TITLE		
			This form is to be filed in compliance with RULE 1104.		
	D. L. Stackel ford		stable to a request for allowable for a newly drilled or deepens		
	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	•/	Engrg. Tech. Spec.		All sections of this form must be filled out completely for allow	
	(Tule)		All sections of this form must be filled out completely for unionable on new and recompleted wells.		
	6-8-84		THE AND AND RECTIONS TO THE AND WE for changes of owne		
	(Date)		well name or number, or transporter, or other such change of condition		
		•	Separate Forms C-104 mus	it be filed for each pool in multip	
			completed wells.		

JUN 12 1984
HOLLS GREICE