F	DISTRIBUTION			Pores C-104	
	SANTA FE		OR ALLOWABLE	Supersedes Old C-106 and C-110 Effective 1-1-65	
ŀ	FILE	RECEIVED B	#ND		
ŀ	U.S.G.S.		SPORTOIL AND NATURAL (CA.	
┝		JUL 24 1965	$\overline{\mathcal{D}}$		
	TRANSPORTER GAS				
ł	OPERATOR	O. C. D.			
. ł	PRORATION OFFICE	ARTESIA, OFFIC	E		
I.	ARCO Oil & Gas Company				
	Division of Atlantic Richfield Company				
	Address				
	P.O. Box 171 <u>0, Ho</u>	bbs, New Mexico 88240			
	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well	Change in Transporter of:		dated 6-28-85 and	
	Recompletion	Oil Dry Gas		onal transporter of	
	Change in Ownership	Casinghead Gas Condens	ane Casinghead gas.		
	If change of ownership give name and address of previous owner				
u.	ESCRIPTION OF WELL AND LEASE				
	Lease Name	Well No. Pool Name, Including For			
	Seven Rivers Oueen Unit	66 Langlie Mattix	_7RQState, Federa	State B-1506	
Location					
	Unit Letter C ; 100	Feet From The North Line	and <u>1450</u> Feet From	The West	
		-		Too.	
	Line of Section 3 Town	nship 235 Range 36	<u>бе, ммрм,</u>	Lea County	
u.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which appro	oved copy of this form is to be sent)	
	Name of Authorized Transporter of Oil				
	Texas New Mexico Pipelin	e UO.	Box 2528, Hobbs, New M Address (Give address to which appro	oved copy of this form is to be sent)	
	Name of Authorized Transporter of Cast Phillips Petroleum Compar	ny / 4001 Penbrook, Od	essa, Texas79760 🤅 Get	ty 0il Co./ 1231, Midland, Texas 79702	
	Warren Petroleum Company	7 Box 1589. Tulsa. 1		hen Izji, Miutanu, Texas / 5/02	
	If well produces oil or liquids,	I 34 22 36		6-21-85	
	give location of tanks.	and the second se	yes	0-21-05	
	f this production is commingled with that from any other lease or pool, give commingling order number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completion	$\mathbf{n} = (\mathbf{X})$	1 1		
	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	
	Perforations			Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			· · · · · · · · · · · · · · · · · · ·		
			1		
V	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours)				
	OIL WELL	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
	Date First New OII Run 10 1 dates				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Cil-Bble.	Water-Bbls.	Gas - MCF	
			· · · · · · · · · · · · · · · · · · ·		
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condenscie/MMCF	Gravity of Candensate	
			Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (succ-2-)		
		1			
V	. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
			JUL JU 1303		
	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.		BYDEPART APPENDING STREAM		
	O a PI INT A		This form is to be filed in	n compliance with RULE 1104.	
	alit Stackellerd			lowable for a newly drilled or deepened panied by a tabulation of the deviation	
	(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.	446 a 1	All sections of this form	must be filled out completely for allow-	
	•	itle)	able on new and recompleted	TI ITI and VI for changes of owner,	
	7/23/85	ale)	well name or number, or transp	orter, or other such change of condition.	

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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JUL 29 1985 No.

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