

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator ARCO Oil and Gas Company

Address P. O. Box 1610, Midland, Texas 79702

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> 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

Other (Please explain) 42-870000
Q5 1-075

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Seven Rivers Queen Unit</u>	Well No. <u>68</u>	Pool Name, including Formation <u>Langlie Mattix - 7RQ 68</u>	Kind of Lease <u>State, Federal or Fee State</u>	Lease No. <u>B-229</u>
Location				
Unit Letter <u>D</u> : <u>160</u> Feet From The <u>North</u> Line and <u>1310</u> Feet From The <u>West</u>				
Line of Section <u>2</u> Township <u>23S</u> Range <u>36E</u> , NMPM, <u>LEA</u> 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"/> <u>Texas - New Mexico Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2528, Hobbs, NM 88240</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Texaco, Inc. Warren Petroleum Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 728, Hobbs, NM 88240</u> <u>Box 1589, Tulsa, OK 741</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>1</u>	Sec. <u>34</u>
	Twp. <u>22</u>	Rge. <u>36</u>
	Is gas actually connected? <u>yes</u> When _____	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Ken W. Gosnell
(Signature)
Engr. Tech. Spec. 915-688-5672
(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 27 1986, 19_____
BY Orig. Signed by
Paul Nantz
Acting
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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 9-17-86	Date Compl. Ready to Prod. 10-15-86	Total Depth 3865			P.B.T.D. 3815				
Elevations (DF, RKB, RT, GR, etc.) 3495 RKB	Name of Producing Formation Bone Springs <i>Queen</i>	Top Oil/Gas Pay 3654			Tubing Depth 3776				
Perforations <i>3654-3776</i>						Depth Casing Shoe 3865			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	327	285sx
7-7/8	5-1/2	3865	1100sx
	2-7/8	3776	

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 10-15-86	Date of Test 10-19-86	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 144	Water - Bbls. 113	Gas - MCF 144

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