

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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 - A Division of Atlantic Richfield Co.	
Address P.O. Box 1610, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
☒ New Well ☐ Recompletion ☐ Change in Ownership	Change in Transporter of: ☒ Oil ☐ Dry Gas ☒ Casinghead Gas ☐ Condensate

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. 71	Pool Name, including Formation Langlie - Mattix	Kind of Lease State, Federal or Fee	Lease No. B-229
Location Unit Letter <u>B</u> : <u>1310</u> Feet From The <u>North</u> Line and <u>2480</u> Feet From The <u>East</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 ☐ or Condensate ☐ Texas - New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) ARCO Oil and Gas Co. - Attn: Ken Gosnell
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Phillips Petro/Warren Petro	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1610 Midland, Texas 79702
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
B 2 23S 36E	Yes 11-13-86

If this production is commingled with that from any other lease or pool, give commingling order number:

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.

James E. Howe
(Signature)
Drilling Analyst Supv
(Title)
11-26-86
(Date)

OIL CONSERVATION DIVISION

APPROVED 1986 , 19

BY Orig. Signed by
Paul Kautz
TITLE Geologist

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 1111.
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.
Date Spudded	10-22-86							
Date Compl. Ready to Prod.	11-24-86							
Total Depth	3870'							
P.B.T.D.								
Tubing Depth	3807.62'							
Elevations (D.F., RKB, RT, CR, etc.)	3463.5 GR							
Name of Producing Formation	Queen							
Top Oil/Gas Pay	3630'							
Depth Casing Shoe	3630', 42', 49', 56', 65', 73', 84', 93', 3705', 09', 14', 20', 39', 50'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	300'	200 SX "C"
7-7/8"	5-1/2"	3870'	950 SX CL "H"
			250 SX CL "H"

V. TEST DATA AND REQUEST FOR ALLOWABLE

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Length of Test	Actual Prod. During Test
11-24-86	11-24-86	Pumping	24 hr	Oil-Bbls. 70
				Water-Bbls. 105
				Gas-MCF 105

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
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