

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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 & Gas Company

Address
Box 1610, Midland, TX 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)

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. 73	Pool Name, including Formation Eunice 7 RO. South	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location				
Unit Letter <u>E</u> : <u>1450</u> Feet From The <u>North</u> Line and <u>1250</u> Feet From The <u>West</u>				
Line of Section <u>34</u> Township <u>22S</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"/> Texas - New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Producing Co. / Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) Box 278, Hobbs, NM 88240 / P. O. Box 1589, Tulsa, OK 74101
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	I 34 22 36 Yes 1-22-88

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.

Ken W. Gosnell
(Signature)
Engr. Tech. 915 688-5672
(Title)
1-26-88
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 29 1988, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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 multiple completed wells.

IV. COMPLETION DATA

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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	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
12-18-87	12-26-87			3880			3870		
Elevations (DF, RKB, RT, CR, etc.,	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
3503.5 RKB	Queen			3676			3685		
Perforations 3676-3850							Depth Casing Shoe		
							3880		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	303	200 SX
7 7/8	5 1/2	3880	900 SX

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 1-22-88	Date of Test 1-25-88	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 18	Water - Bbls. 174	Gas - MCF 13

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pucl, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size