

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
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U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator ARCO OIL AND GAS COMPANY
Division of Atlantic Richfield Company

Address P.O. Box 1710 Hobbs, New Mexico 88240

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)
Please assign an oil testing allowable of 80 bbls per day for month of Jan 1988
2480 bbls

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>73</u>	Pool Name, including Formation <u>Eunice 7RQ, South</u>	Kind of Lease State, Federal or Fee <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"/> <u>Tex-New Mexico Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2528 Hobbs, New Mexico 88240</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Texaco Producing Company</u> <u>Warren Petroleum</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 728 Hobbs, New Mexico 88240</u> <u>P.O. Box 1589 Tulsa, Oklahoma 74102</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>34</u>
	Twp. <u>22</u>	Rge. <u>36</u>
	Is gas actually connected? <u>YES</u> when <u>12-1-86</u>	

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.

James Caylor
(Signature)
Services Supervisor
(Title)
1-21-88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 ____

BY ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

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.