## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

		L.	
DISTRIBUT	ON .	Γ	
SANTA PE		Ι	
FILE			
V.8.0.4.			
LAND OFFICE			
TRANSPORTER	OIL		
	G A&		
OPERATOR			
PRORATION OFF	HC.E		

## 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

ARCO Oil & Gas	Company				
Address					
Box 1610, Mid1	and, TX 797	02			
Resson(s) for filing (Check proper	box/		Other (P	lease explainj	
X New Well	Change in	Transporter of:			
Recompletion	🗌 oii		Dry Gas		
Change in Ownership	C 🖬 🖬	nghead Gas		chiage Sactor 1	1. 1.7
	· · ·				
If change of ownership give nam			•		
and address of previous owner _					
II. DESCRIPTION OF WELL	AND LEASE				
Lesse Name	Well No.	Pool Name, includin	g Formation	Kind of Lease	Ledse No.
Seven Rivers Queen U	nit 74	Langlie Ma	ttix 7RQGB	State_Federal or Fee	B-1506
Location			<u>,</u>		<u>D 1900</u>
B 1	210 5	- The North	2390	Feet From The East	
Unit Letter :	reat Pro	m 1ne	Line and	reet rom the <u>Last</u>	
Line of Section 3	Township 23	S Bange	36E , :	een Lea	County
				<u>, Liea</u>	
III. DESIGNATION OF TRAN	NSPORTER OF	DI AND NATUR	AL GAS		
Name of Authorized Transporter of		ondensate		ess to which approved copy of this f	form is to be sent)
Texas-New Mexico Pip		_	P O Bo	2529 Hobbe MM 992	4.0
Name of Authorized Transporter of		or Dry Gas		x 2528, Hobbs, NM 8824	
					-
Texaco, Inc./Warren	Unit Sec.		Is gas actually cor	os, NM 88240/Box 1589,	<u>Tulsa OK</u>
	Unit , 3ec.	, twhi udar	i te que delugity coi	area instant	

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

22S

:36E

Yes

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

## VI. CERTIFICATE OF COMPLIANCE

If well produces oil or liquids,

give location of tanks.

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.

T

Ken av Some	ell
(Sie	neture)
Engr. Tech.	915 688-5672
n	"ile)
2-1	0-88
(1	Date)

CONSERVATION DIVISION	
SINAL SIGNED BY THE SEXTON	
DISTRICT 1 SUFACTION	

2 - 7 - 88

1

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 AULE 111.

All sections of this form must be filled out completely for allow able 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.

V. COMPLETION DATA	Oil Well Gas Well	New Well	Vorzover	Deepen	Plug Back	Same Restv.	i Dir Kes
Designate Type of Comp	letion $-(X)$ X	<u>x</u> .	1	!		1 <u>}</u>	• •
Dets Soulded	Date Compl. Ready to Prod.	Total Depti	n		P.B.T.D.		
1-6-88	2-7-88		3880			3830	
Lievenione (DF, RKB, RT, GR, e	te., Name of Producing Formation	Top Oll/Go	is Pay		Tubing Dep		
3493.4 GR	7RQGB						
Perforations						3880	
3686-3821	TUBING, CASING, A	ND CENENTI	NG RECOR	D			
	CASING & TUBING SIZE		DEPTH SE		S	ACKS CEME	NT
HOLE SIZE	and the second se		297			175	
12 1/4	<u> </u>		3880			835	
7 7/8	2 7/8		3647				
	<u> </u>						

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-OIL WELL

Dete First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ges lift, etc.)		
2-6-88	2-9-88	Piimp	Choke Size	
Length of Teet	Tubing Pressure	Casing Pressure		
24 hrs.	Oil-Bhie.	Water - Bbis.	Gas - MCF	
Actual Prod. During Test	116	84	17	

GAS WELL Length	of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Pressure ( Shat-S.B )	Casing Pressure (Shut-im)	Choze Size

Top of the second se