Submit 5 Copies
Appropriate District Office 9
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T	OTRAN	ISPOF	AT OIL	AND NAT	UHAL GA	15			
perator							Well A	_		
ARCO OIL AND GAS COMPA	ANY					,, ., ., ., ., 	30-	<u>-025-3074</u>	2	
Address										
BOX 1710, HOBBS, NEW M	MEXICO	88240	<u> </u>		Othe	r (Please expla	in)			
Reason(s) for Filing (Check proper box)	,	Change in T	'm nenorie	r of:		•		IL TESTIN	C ATTO	MART F
New Well	Oil		Dry Gas					E MONTH O		
(confiction	Casinghead		Condensa:	1e	Or	1040 BBL	. FOR III.	E MONTH O	r Jan.	1770
	Castignest									
change of operator give name and address of previous operator										
DESCRIPTION OF WELL A	ND LEAS	SE							T	No.
Lease Name		Well No.	Pool Nam	æ, Includin	g Formation			(Lease Federal or Fee)	l .	ase No.
SEVEN RIVERS QUEEN UN	<u>it l</u>	76	EUN	CE 7R	Q_SOUTH_	,			<u> </u>	EE
Location	2575	:		N	ORTH	. 150	an ~	at From TheE	AST	Line
Unit LetterG	:2575	<u>'</u> 1	Feet From	n The	Line	and159	Pe	t from the	1101	LADG
Section 34 Township	22S	,	Range	36E	. NA	IPM,	LEA			County
Section 34 Township		<u>-</u>	кандо							
IL DESIGNATION OF TRANS	PORTER	OF OI	L AND	NATUE	RAL GAS					
Name of Authorized Transporter of Oil	XX '	or Condens	ate	\neg	Address (Giw			copy of this forn		nt)
TEX-NEW MEXICO PIPELINE					P. O. F	OX 2528.	HOBBS.	NM 8824	·0	-41
Name of Amborized Transporter of Casingh NEW ALCOHOL TROUGH WARREN PETROLEUM	nead Gas	XX	or Dry G	25 🗀	Address (Give	OX 728	HOBBS.	copy of this form NM 88240 OK 7976	l 13 10 De 3e	ru)
DARREN PETROLEUM					P 0 4001 P	NBROUK.	ODHSSA.	71X 7976	0	
If well produces oil or inquide, RAL GAS pive location of tanks.	Unit :		Twp.	36	YES		1	/19/90		
f this production is commingled with that fr	nm any othe	34 1	ool give				-663/R-4	671		
V. COMPLETION DATA	Om any oas	· v. p								
		Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back Si	ıme Res'v	Diff Res'v
Designate Type of Completion -		<u>i</u>					<u> </u>			.1
Date Spudded	Date Compl	i. Ready to	Prod.		Total Depth			P.B.T.D.		
Name of Dayleina Formation					Top Oil/Gas Pay			Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation										
Perforations	L			1	<u></u>			Depth Casing	Shoe	
	T	UBING,	CASIN	G AND	CEMENTI	NG RECOR	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
HOLE SIZE	CAS	SING & TU	BING SI	ZE		DEPTH SET		SA	CKS CEM	ENT
								 		
	<u> </u>									
V. TEST DATA AND REQUES	TEODA				i i			1		
		TIOWA	RLE		I			<u> </u>	. <u>.</u>	
OII WEII Cast must be often re	renvery of to	LLOW A	BLE of load oi	I and must	be equal to or	exceed top all	lowable for thi	s depth or be for	full 24 hou	rs.)
OIL WELL (Test must be after re	covery of to	tal volume o	ABLE of load oi	l and must	be equal to or Producing M	exceed top all ethod (Flow, p	lowable for thi tump, gas lift, c	s depth or be for	full 24 hou	rs.)
OIL WELL (Test must be after re Date First New Oil Run To Tank	ecovery of tol	tal volume o	ABLE of load oi	il and must	Producing M	ethod (Flow, p	lowable for thi ump, gas lift, c	:ic.) 	full 24 hou	rs.)
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OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Tes	tal volume i	ABLE of load oi	il and must	Producing M	ethod (Flow, p	lowable for thi ump, gas lift, d	:ic.) 	full 24 hou	rs.)
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OIL WELL (Test must be after re Date First New Oil Run To Tank Length of Test Actual Prod. During Test	Date of Tes Tubing Pres	sal volume (ABLE of load or	il and must	Producing M Casing Press Water - Bbls	ethod (Flow, p	lowable for thi	Choke Size		rs.)
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections L. H. III. and VI for changes of operator, well name or number, transporter, or other such changes
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.