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FILE			
U.S.G.5.		<u> </u>	
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR		<u> </u>	
DROPATION OFFICE		1	1

12-8-80 (Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

Fill out only Sections I. II, lil, and VI for changes of owne well name or number, or transporten or other such change of conditions.

Suparate Forms C-104 must be filed for each pool in multip

FILE	AUTHORIZATION TO TRANSF	ND PORT OIL AND NATURAL GA	48
U.S.G.S. LAND OFFICE	ACTION STATE OF THE STATE OF TH		
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
Operator ARCO Oil & Gas Com Division of Atlant	pany		
Division of Atlant			
P.O. Box 1710, Hot	obs, New Mexico 88240	Other (Please explain)	
Reason(s) for filing (Check proper box)	Change In Transporter of:	Please assign a	1000 bbl oil allowable
New We!1	Oil Dry Gas	during the month	of December 1980 to
Recompletion Change in Ownership	Casinghead Gas Condensat	test & complete	well.
If change of ownership give name and address of previous owner			
I. DESCRIPTION OF WELL AND LI	EASE Well No. Pool Name, Including Form	nation Kind of Lease	
Lease Name	Well No. Pool Name, including to the	7 Rivers Queen State, Federa	ler Fee Fee
Frederick H. Curry WN			
Location 0 660	South Lines	and 1980 Feet From	TheEast
Unit Letter;		0/7	Lea County
Line of Section 1 Town	ship 24S Range	36E , NMPM,	
	CR OF OH AND NATURAL GAS		(alia form is to be sent)
I. DESIGNATION OF TRANSPORT	x or Condensate		
The Permian Corporation	n	P.O. Box 1183, Housto	on, 1exas
Name of Authorized Transporter of Cast	nghead Gas or Dry Gas	Address (Give address to work 11	
None	I Bag	Is gas actually connected? Wh	nen
If well produces oil or liquids,	Unit Sec. Twp. Hige.	No	
give location of tanks.	· · · · · · · · · · · · · · · · · · ·	ive commingling order number:	
If this production is commingled with	h that from any other lease or pool, g		Plug Back Same Resty. Diff. Resty.
V. COMPLETION DATA	Off West	New Well Workover Deepen	
Designate Type of Completion	n – (A)	Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth -
Elevations (Dr., RRB, RI, OR, Ellev			Depth Casing Shoe
Perforations			
	TUBING, CASING, AND	CEMENTING RECORD	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE			
	Test must be at	fter recovery of total volume of load o	il and must be equal to or exceed top allo
V. TEST DATA AND REQUEST F	oR ALLOWABLE able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas	
Oll. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (1 top) Power, a	
	Tubing Pressure	Casing Pressure	Choke Size
Length of Test	Inding Pleasure		Ggs-MCF
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gds-MOr
Actual prod. Dailing 1001			
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D			Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	CHOKA 2124
reating method types		OIL CONSER	VATION COMMISSION
VI. CERTIFICATE OF COMPLIA	NCE	OIL CONSER	[eulowith]
		APPROVED	19
I hereby certify that the rules and	d regulations of the Oil Conservation I with and that the information given the best of my knowledge and belief.	J. O. M.	(lements
Commission have been complied above is true and complete to t	with and that the information given the best of my knowledge and belief.	BY	
40010 10 000		TITLE	
_		This form is to be filed	in compliance with RULE 1104.
D. L. Shack	fellow -	If this is a request for a	allowable for a newly drilled of devia
XV. Z. SNAG	(gnative)	well, this form must be acce	accordance with RULE 111.
Engrg. Tech. Spec.		All sections of this for	n must be inted out completely seemed wells.
Engry. Teen. bycc.	(Title)		T H. HI. and VI for changes of ow