	-					
CISTRIBUTION SANTA FE FILE	NEV	FOR ALL	TION COMMISSI OWABLE	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65		
U.S.G.S. LAND OFFICE OIL	AUTHORIZA	ATION TO TR	AND ANSPORT	OIL AND NAT	URAL GA	SECEIVED
TRANSPORTER GAS 2 OPERATOR / PRORATION OFFICE		-	·			MAR 14 1979
Operator ARCO Oil and G Division of At Address		eld Company	<u> </u>			O. C. C.
P. O. Box 1710 Reason(s) for filing (Check proper box New Well Recompletion	, Hobbs, New I Change in Trans			Other (Please exp Change in effective:	Operato:	
Change in Ownership If change of ownership give name and address of previous owner	Casinghead Gas	Conde	ensate .			
- DESCRIPTION OF WELL AND	LEASE	Well No. Pool No	ame, including	7 Formation		Kind of Lease
Empire Abo Unit "H" Location D 22	20	0 11	ire Abo	220		State, Federal or Fee Federal
Unit Letter P; 33	Feet From The waship / 75	South Lin	77 <u>E</u>	330 F	eet From The	Eddy County
DESIGNATION OF TRANSPORT				ive address to whontinental	ich approved Nationa	(copy of this form is to be sent) 1 Bank Bldg.
Amoco Pipeline Company Name of Authorized Transporter of Casinghead Gas \(\overline{X} \) or Dry Gas \(Amoco Production Company Phillips Petroleum Company \)			Ft. Worth, Texas 76102 Address (Give address to which approved copy of this form is to be sent) P.O. Drawer A, Levelland, Texas 79336 4001 Penbrook, Odessa, Texas 79760			
If well produces oil or liquids, give location of tanks. If this production is commingled with	F 34	Twp. Rge. 17 28	Yes	adly connected?		104ff 9-3-60
COMPLETION DATA Designate Type of Completic	Oil Well		New Well			Plug Back Same Res'v. Diff. Res'v.
Date Spudded No Change Pool	Date Compi. Ready t	••	Total Dept			P.B.T.D. Tubing Depth
Perforations			1.00 023, 0			Depth Casing Shoe
	TUBIN	G, CASING, AN	D CEMENT	ING RECORD	L	
HOLE SIZE	CASING & TU			DEPTH SET		SACKS CEMENT
- TEST DATA AND REQUEST FOOL WELL Date First New Oil Run To Tanks	OR ALLOWABLE	(Test must be a able for this d	epth or be for			d must be equal to or exceed top allow
No Change Leagth of Test	Tubing Pressure		Casing Pre	esine		Choke Size
Actual Prod. During Test	OH-Bhis.	Water - Bbl	s.		Gas - MCF	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	· · · · · · · · · · · · · · · · · · ·	Bbls. Cond	iensate/MMCF		Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure		Casing Pre	easure		Choke Size
L CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION APR-6 1979			

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

District Prod & Drlg Supt.

3 8

(Title)

(Date)

SUPERVISOR, DISTRICT II 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 Sections I, II, III, and VI only 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