ı				,
CISTRIBUTION				6
SANTA FE				
FILE			1	~
U.S.G.S.				
LAND OFFICE				
TRANSPORTER		017	1	
		GAS	2	
OPERATOR	1			
PRORATION OFFICE				
Operator	ARCO 011			Ga
	Divi	sion	of	At1
Address				

Supersedes Old C-104 and C-116 Effective 1-1-65
S
REGEIVED
MAR 1 4 1979
ARTESIA, OFFICE
r Name
Kind of Lease State, Federal or Fee State
West
Eddy County
copy of this form is to be sent) I Bank Bldg.

SANTA FE	•	REQUEST FOR ALLOWABLE		
FILE /		AND	Supersedes Old C-104 and C-116 Elfective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	AS	
LAND OFFICE	_			
TRANSPORTER OIL	- 		RECEIVED	
GAS 7			- I V E D	
PROPATION OFFICE		•	MAD 1 4 do-	
Operator ARCO 011 and	Gas Company -		MAR 1 4 1979	
	tlantic Richfield Company			
Address	· · · · · · · · · · · · · · · · · · ·		ARTESIA, OFFICE	
P. O. Box 171	O, Hobbs, New Mexico 8824	0	ACTESIA, OFFICE	
Reason(s) for filing (Check proper bo		Other (Please explain)		
New Well	Change in Transporter of:	Change in Operato	r Name	
Recompletion	Oil Dry Ga	= effective: 4-1-79		
Change in Ownership	Casinghead Gas Conden	sate	• .	
If change of ownership give name and address of previous owner	• · · · · · · · · · · · · · · · · · · ·			
DESCRIPTION OF WELL AND				
Lease Name	Well No. Pool Na	me, Including Formation	Kind of Lease	
Empire Abo Unit "H"	/7 Empi	re Abo	State, Federal or Fee State	
Location	8 +1	000	11) - +	
Unit Letter M ;	30 Feet From The South Lin	e and 990 Feet From Ti	e West	
Line of Section 36 , T	ownship /7S Range	27E , NMPM.	Eddy County	
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	S Address (Give address to which approve 2300 Continental Nationa	ed copy of this form is to be sent)	
r <u>Amoco Pipeline Compar</u>	ıv	Ft. Worth, Texas 76102	il Bank Blog.	
Name of Authorized Transporter of C	asinghead Gas 👿 er Dry Gas 🗀	Address (Give address to which approve	d copy of this form is to be sent)	
Amoco Production Comp Phillips Petroleum Co	ompany	P.O. Drawer A, Levelland 4001 Penbrook, Odessa, 7	i, Texas 79336 Texas 79760	
If well produces oil or liquids.	Unit Sec. Twp. Rge.	Is gas actually connected? When		
give location of tanks.	1 - 1 18 27	Lues ! L	inknown	
	with that from any other lease or pool,	give commingling order number:		
COMPLETION DATA .	Oil Well Gas Well	New Weil Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Complet				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
No Change	·			
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations	**		Depth Casing Shoe	
	<u> </u>			
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
				
		<u> </u>		
TEST DATA AND REQUEST I		fter recovery of total volu <mark>me of load oil a</mark> pth or be for full 24 hours)	nd must be equal to or exceed top allow	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pemp, gas lift.	, etc.)	
No Change				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF	
GAS WELL		<u> </u>		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
CERTIFICATE OF COMPLIAN	NCE	OIL CONSERVA	TION COMMISSION	
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.		APR 1 9		
		APPROVED AFR 1 3	, 19	
		1) a Grassett		
		SUPERVISOR, DISTRICT II		
		II	I MICI.	

District Prod & Drlg Supt

(Title)

(Date)

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