MEXICO OIL CONSERVATIONS ANTA FE Form C-104 REQUEST FOR ALLOWABL_ Supersedes Old C-104 and C-111 ILE Effective 1-1-65 AND S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE RECEIVED TRANSPORTER OPERATOR SEP 2 6 1973 PRORATION OFFICE Operator Atlantic Richfield Company o. c. c. ARTESIA, OFFICE P. O. Box 1710, Hobbs, N.M. 88240 Reason(s) for filing (Check proper box) Other (Please explain) New Well Included in Empire Abo Unit eff:10/01/73 Recompletion Change in lease name from Ramapo #5. Dry Gas Change in Ownership X Casinghead Gas Condensate If change of ownership give name and address of previous owner. Kersey and Company, P. O. Box 316, Artesia, N.M. 88210 II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. Empire Abo Unit G 20 Empire Abo State, Federal or Fee State Unit Letter 1650_Feet From The __South_Line and ___ 330 Feet From The ___ Line of Section 36 Township 17S Range 27E , NMFM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil $[ar{\mathbf{x}}]$ Address (Give address to which approved copy of this form is to be sent) 2300 Continental Bk. Bldg. Fort Worth, TX 76102 Address (Give address to which approved copy of this form is to be sent) or Condensate AMOCO Pipe Line Company Name of Authorized Transporter of Casinghead Gas X or Dry Gas Phillips Petroleum Company Phillips Bldg.,4th & Washington,Odessa,TX 79760 Trwp. Unit Sec. P.ge. If well produces oil or liquids, is gas actually connected? When give location of tanks. 36 17S 27E Yes 1960 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Some Hes'v. Diff. Res'v. Designate Type of Completion -(X)Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oll/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 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-able for this depth or be for full 24 hours) OIL WELL Date of Test Producing Method (Flow, pump, gas lift, etc.) Tubing Pressure Casing Pressure Choke Size

Date First New Oil Run To Tanks Length of Test Actual Prod. During Test Oil - Bbls. Water - Eibin. Gus - MCF

GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

L. Shackelfor

Senior Accounting Clerk

(Title)

September 26, 1973

(Date)

OIL CONSERVATION COMMISSION

SEP 28 1973

OIL AND GAS INSPECTOR 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 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