CISTRIBUTION () SANTA FE /	1	ONSERVATION COMMISSION FOR ALLOWABLE	Form C=104  Supersedes Old C=104 and C=11  Effective 1=1=65
U.S.G.S.	AUTHORIZATION TO TRA	AND INSPORT OIL AND NATURAL G	
TRANSPORTER OIL / GAS 2			REBEIVED
OPERATOR / PRORATION OFFICE			MAR 14 1079
Operator ARCO Oil and Ga Division of Atl	as Company - / Lantic Richfield Company		ti ii Ci
	, Hobbs, New Mexico 88240		ARYEMIA, OFFICE
Reason(s) for filing (Check proper box) New Well Recompletion	Change in Transporter of: Oil Dry Ga	Other (Please explain) Change in Operat	
Change in Ownership	Casinghead Gas Conden	ETTECTIVET-/	y
If change of ownership give name and address of previous owner			·
DESCRIPTION OF WELL AND I		ne, Including Formation	Kind of Lease
Empire Abo Unit	42 Empi	re Abo	State, Federal or Fee State
Unit Letter N ; 66	60 Feet From The South Line	e and <u>1980</u> Feet From T	no West
Line of Section 25 , Tow	mship 175 Range	28E , NMPM,	Eddy County
Name of Authorized Transporter of Oil  Amoco Pipeline Company	or Condensate	S / Address (Give address to which approved 2300 Continental Nation Ft. Worth, Texas 76102	
Name of Authorized Transporter of Cas Amoco Production Compa Phillips Petroleum Com	inghead Gas 🔯 or Dry Gas 🗔 ny ipany	P.O. Drawer A, Levellan 4001 Penbrook, Odessa,	ed copy of this form is to be sent) d, Texas 79336 Texas 79760
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.  P 26 17 28	Is gas actually connected? Whe	PP 9-7-60
If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,		
Designate Type of Completio		New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
No Change	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Perferettens	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Periorations			Depth Casing Shoe
HOLE SIZE	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT
OIL WELL Date First New Oil Run To Tanks		ter recovery of total volume of load oil of pth or be for full 24 hours)  Producing Method (Flow, pump, gas lif	ind must be equal to or exceed top allow-
No Change Length of Test	Tubing Pressure		
Actual Prod. During Test	Cii-Bhis.	Casing Pressure	Choke Size
GAS WELL 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 COMPLIANCE		OIL CONSERVATION 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.		APPROVED APR 0 9 1979 19	
		TITLE SUPERVISOR DISTRICT H	
Denze V. Raks		This form is to be filed in compliance with RULE 1104.	
(Signature) District Prod & Drle Supt.		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

District Prod & Drlg Supt.

(Title)

(Date)