DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA FE Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 FILE GNA U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE RECEIVED TRANSPORTER GASSEP 2 6 1973 OPERATOR PRORATION OFFICE O. C. C. Atlantic Richfield Company ARTESIA, OFFICE P. O. Box 1710, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) Other (Please explain) Included in Empire Abo Unit eff:10/01/73. Itecompletion Dry Gas In more in Ownership \mathbf{X} Casinghead Gas If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation 43 Empire Abo Empire Abo Unit C 1650 Feet From The South Line and 1980 Feet From The_ Unit Letter EDDY 28E , NMPM. Line of Section 25 , Township 17S Range

Change in lease name from State "A" #32. Hondo Oil & Gas Company, P. O. Box 1710, Hobbs, New Mexico 88240 Kind of Lease State East County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) 2300 Continental Bk. Bldg.
Fort Worth, TX 76102 Name of Authorized Transporter of Oll AMOCO Pipe Line Company
Number of Authorized Transporter of Casin
Of AMOCO Production Company Address (Give address to which approved copy of this form is o be sent)
P. O. Box 68, Hobbs, New Mexico 88240
Phillips Bldg.,4th & Washington,Odessa,TX 79760 ighead Gas 🗓 or Dry Gas 0% Phillips Petroleum Company ls gas actually connected? When AMO 09/07/60 Twp. Rge. If well produces oil or liquids, 09/07/60 PP26 17S 28E If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well Plug Back Same Resty. Diff. Resty. New Weil Workover Deepen Oil Well Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth P.B.T.D. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Pool Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Tubing Pressure Casing Pressure Length of Test Water - Bbls. Gas - MCF Oii - Bbls. Actual Prod. During Test

GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure Choke Size Testing Method (pitot, back pr.) Tubing Pressure CONSERVATION COMMISSION SEP 28 1973 VI. CERTIFICATE OF COMPLIANCE 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.

Senior Accounting Clerk (Title)

> September 26, 1973 (Date)

This form is to be filed in compliance with RULE 1104.

TITLE OIL AND GES INSPECTOR

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 completed wells.