1	NO. OF COPIES RECEIVED Image: Second state of the second sta					C-104 and C-11	
	Address P. O. Box 1978, Roswell, New Mexico 88201 Reason(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion Oii Dry Go Change in Ownership Casinghead Gas Condet		S Change in operator name from Hondo International Yates				
	If change of ownership give name and address of previous owner	;			·····		
11	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.						
	State "A" Location	19 Empire A	19 Empire Abo State, Feder		ral or Fee State 647		
	Unit-Letter 0; 3	30 Feet From The SouthLin	ne and <u>1980</u>	Feet From The	East		
	Line of Section 26 To	ownship 17S Range	28E , NMPM,	,	Eddy	County	
111	. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	45				
	Name of Authorized Transporter of Ol Amoco Pipeline Compa	1 X or Condensate	Address (Give address t			,	
	Name of Authorized Transporter of Co	3411 Knoxville Ave. Lubbock, Tex. 79413 Address (Give address to which approved copy of this form is to be sent) D O Pox 68 Hobbs Now Maxiao 88240					
	50% Phillips Pipelin If well produces oil or liquids,	Amoco Production Company Phillips Pipeline Company oduces cil or liquids, Phillips Bidg, 4th & Wash, Odess When AMO				<u>ex.79760</u> 60	
	give location of tanks.	' P 26 17S 28E	Yes		PP 9-7-0	<u>ĕŏ</u>	
IV	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.						
	Designate Type of Completi					V. Dill. Res.V.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T	.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubino	g Depth		
	Perforations				Depth Casing Shoe		
1	TUBING, CASING, AND CEMENTING RECORD						
,	HOLESIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CEME	ENT	
V	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
	Length of Test	Tubing Pressure	Casing Pressure	Choke	Size		
	Actual Prod. During Test	Oil-Bbis.	Water - Bbla.	Gas - N	nCF		
	CAC WEY I	<u> </u>					
	GAS WELL Actual Prod. Tost-MCF/D	Length of Test	Bbis. Condensate/MMCF	. Gravit	y of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	-in) Choke	Size		
· VI	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 JUL 28 1971 , 19 BY OIL AND GAS INSPECTOR				
	Sr. Acctg. Clerk	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 allow-					
	(Ti	isle)	able on new and rec	All sections of this form must be filled out completely for entry able on new and recompleted walls. Fill out only Sections I, II, III, and VI for changes of owner,			
	July 23, 1971		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.				

(Date)

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well name or number, or transporter, or other such change of condition. Separate Forma C-104 must be filed for each pool in multiply