•			
CISTRIBUTION	NEW MEXICO OIL CO	DNSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-11
FILE	<u> </u>	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	AS CEIVED
LAND OFFICE	_		
TRANSPORTER OIL	4	•	MAR 14 1979
GAS	4		BAR AT IO. O
OPERATOR /	<b>-</b>	•	
PRORATION OFFICE	<u> </u>		C. C. L.
. MICO OIL and G			Comera, Sefina
DIVISION OF AC	lantic Richfield Company		
	N-11- N Wd 992/0	•	
Reason(s) for filing (Check proper box	, Hobbs, New Mexico 88240	Other (Please explain)	
New Well	Change in Transporter of:	1 · · · · · · · · · · · · · · · · · · ·	None
Recompletion	Oil Dry Gas	Change in Operate effective: 4-1-7	
Change in Ownership	Casinghead Gas Condens		3
	Comments of Comments		·
I change of ownership give name	•	•	
and address of previous owner	<u> </u>		
DESCRIPTION OF WELL AND	LEASE		•
Ledse Name		ne, Including Formation	Kind of Lease
Empire Abo Unit	22 Empi	re Abo	State, Federal or Fee State
Location	( A		1 1
Unit Letter F 33	310 Feet From The North Line	and 2260 Feet From	The West
· · · · · · · · · · · · · · · · · · ·			
Line of Section 3/ , To	ownship 175 Range &	28E , NMPM.	Eddy County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S	· · · · · · · · · · · · · · · · · · ·
Name of Authorized Transporter of C		Address (Give address to which appro 2300 Continental Nation	ved copy of this form is to be sent)
Amoco Pipeline Compar	ıv	Ft. Worth. Texas 76102	2
Name of Authorized Transporter of C	singhed Gas V or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)
Amoco Production Comp Phillips Petroleum Co	oany Ompany	P.O. Drawer A, Levellas 4001 Penbrook, Odessa,	nd, Texas 79336 Texas 79760
If well produces oil or liquids,	Unit Sec. Twp. P.ge.		en AMO 9-9-60
give location of tanks.	P 13/17 28	Nes	PP Unknown
I this production is commingled #	ith that from any other lease or pool.	give commirgling order number:	
COMPLETION DATA			
	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
Designate Type of Complet	ion – (A)	!	1 1
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
		<u> </u>	
Perforations	••		Depth Casing Shoe
<u>;</u>			
	TUBING, CASING, AND	CEMENTING RECORD	<u>,</u>
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u> </u>
		<u> </u>	
		<u> </u>	<u> </u>
TEST DATA AND REQUEST			and must be equal to or exceed top allow
OIL WELL	able for this de	pth or be for full 24 hours;	ife
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)
No Change			Chaka Sira
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			0
Actual Prod. During Test	Cil-Bbis.	Water-Bbis.	Gas-MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
		APPROVED APR 1 2 1979	
I hereby certify that the rules and regulations of the Oil Conservation		AFFROVED	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY D. a. Gressett	
and the succession of the cest of my knowledge and center.		SUPERVISOR, DISTRICT II	
<del>-</del>		TITLE SUPERVISOR, D	ASTRICT II
11 / 1			
Denze 1. Raks		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened	
(Signature)		well, this form must be accompanied by a tabulation of the deviation	
•/		tests taken on the well in accordance with RULE 111.	
District Prod & Drlg Supt.		All sections of this form must be filled out completely for allow-	
3 8 79 (Title)		able on new and recompleted wells.  Fill out Sections I, II, III, and VI only for changes of owner,	
- 0 67		rill out Sections I, II, II	a, and va only to changes of owner

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

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(Date)