CISTRIBUTION 3		ONSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
U.S.G.S.	·	AND	
LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	AS
TOIL	+		
TRANSPORTER GAS	1		BEIVED
OPERATOR /	•		
PRORATION OFFICE	/		R 1 <b>4</b> 19 <b>79</b>
Operator ARCO 011 and G	as Company - V		
	lantic Richfield Company		
Address			ESIA, OFFICE
P. O. BOX 1710 Reason(s) for filing (Check proper box	, Hobbs, New Mexico 88240		
New Weil	Change in Transporter of:	Other (Please explain)	
Recompletion	Oil Dry Gas	Change in Operator	
Change in Ownership	Casinghead Gas Conden		
			<del></del>
change of ownership give name ad address of previous owner	•		·
DESCRIPTION OF WELL AND	LEASE		•
Lease Name	Well No. Pool Nan	ne, Including Formation	Kind of Lease
Empire Abo Unit	24 Empi	re Abo	State, Federal or Fee
Location	1 1	22.0	e 1
Unit Letter;;;	50 Feet From The South Line	and 330 Feet From Ti	*_ East
Line of Section (31 . Toy	mehia 175 -	28E , NMPM,	Eddy -
Total or Section ( ) , Total	waship //S Range	DE , NMPM,	Eddy County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	<b>s</b>	
Name of Authorized Transporter of Cil X or Condensate Address to which approved copy of this form is to be sent			d copy of this form is to be sent)
Amone Dipoline Company		Ft. Worth, Temas 76102	
Name of Authorized Transporter of Casinghead Gas V or Dry Gas Address (Give address to which a		Address (Give address to which approve P. O. Drawor A. Levelland	d copy of this form is to be sent)
Phillips Privateum Con	Phillips Total Company 4001 Penbrook, Odosca, Taxas 70760		Táxas 70760
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs.	Is gas actually connected? When	AMO 9-6-60
gree location of taxes.	- 11 de		11-9-1-60
	th that from any other lease or pool,	give commingling order number	
COMPLETION DATA .	Oil Well Gas Well	New Weil Workover Deepen	Plug Back   Same Restv. Diff. Restv.
Designate Type of Completion	on — (X)		
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
Perforations		<u> </u>	Depth Coming Shoe
-			Depth Casing anos
	TUBING CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			SHORE CEMENT
TEST DATA AND REQUEST F		fter recovery of total volume of load oil a	nd must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks		pth or be for full 24 hours;	1
	Date of Test	Producing Method (Flow, pump, gas lift	, ecc.,
No Change Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Ott-Bbls.	Water-Bbis.	Gas-MCF
-			
		· · · · · · · · · · · · · · · · · · ·	
GAS WELL	· · · · · · · · · · · · · · · · · · ·		<del>, ,</del>
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tuning Brosses	Coolea Brown	Chaha Star
	Tubing Pressure	Casing Pressure	Choke Size
CERTIFICATE OF COMPLIAN	CF	OIL CONSESSION	TION COMMISSION
	<del></del>		
hereby certify that the rules and	regulations of the Oil Conservation	APPROVED APR 0	9 1979 19
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		1004	1ersott
spove is true and complete to the	e best of my knowledge and belief.	BY GIPEPVISOR	DISTRICT IL
-	•	TITLE SUPERVISOR,	DISTRICT, U
$\mu$ , $\Lambda$	`/		ompliance with put 5 1104
Denne V. R.	L	This form is to be filed in c	
Denze 1. Rica (Sign	ature)	This form is to be filed in c	able for a newly drilled or deepened ned by a tabulation of the deviation

Pistrict Prod & Drlg Supt.

3 8 7 9 (Title)

(Date)

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.