NO. OF COPIES RECI	9		
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SANTA FE			
FILE			1
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	-) , 6	
OPERATOR			
PRORATION OF	FICE		

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C+104

FILE	REQUEST	FOR ALLOWABLE	Supersedes Uld C-104 and C-1. Effective 1-1-65		
U.S.G.S.	AUTHODIZATION TO TOA	- AND NSPORT OIL AND NATURAL G			
LAND OFFICE	AUTHORIZATION TO TRA				
TRANSPORTER OIL		RECEIVED			
GAS 7	4		g or one		
PRORATION OFFICE			DEO 4 1975		
Operator Operator	<u> </u>				
Atlantic Richfield Com	pany		G. C. C.		
Address	<u> </u>		ARTESIA, OFFICE		
P. O. Box 1710, Hobbs,		[0.1 (0)			
Reason(s) for filing (Check proper box	Change in Transporter of:	Other (Please explain)			
Recompletion	Oil Dry Gas	Change in location $\square$ Eff: $11/01/75$ .	on of tank battery.		
Change in Ownership	Casinghead Gas Conden	E11: 11/01/13.			
If change of ownership give name and address of previous owner					
Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.		
Empire Abo Unit "G"	26 Empire Abo	i i	or Fee State 647		
Location			50000		
Unit Letter K ; 231	DFeet From The WestLine	e and <u>1650</u> Feet From T	heSouth		
20	150				
Line of Section 32 To	wnship 17S Range	28E , NMPM, I	Eddy County		
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S			
Name of Authorized Transporter of Oi		Address (Give address to which approv	ed copy of this form is to be sent)		
Amoco Pipeline Company		2300 Continental Bk Bldg	g. Ft. Worth, TX 76102		
Name of Authorized Transporter of Co	singhead Gas X or Dry Gas	; Address (Give address to which approv	ed copy of this form is to be sent)		
Phillips Petroleum Company	oa ny	P. O. Box 367, Andrews, Phillips Bldg. 4th & Was	Texas Shington, Odessa, TX 7976		
If well produces oil or liquids,	Unit   Sec.   I wp.   rige.	is gas actually connected? , whe	Amoco 09/06/60		
give location of tanks.	0 32 17S 28E	Yes	PP 09/01/60		
	ith 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'		
Designate Type of Completi	on – (X)	·	, , , , , , , , , , , , , , , , , , ,		
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	Tubing Depth		
Perforations		1	Depth Casing Shoe		
	TUBING, CASING, AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
		1			
TEST DATA AND DECKIEST I	TOP ALLOWARIE (Taxana)	ter recovery of total volume of load oil	and muse he sound to an autoral too 111.		
. TEST DATA AND REQUEST F OIL WELL	able for this de	pth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lig	ft, etc.)		
			- Ob de Oic		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Bred Dusting Test	Oil-Bbls.	Water-Bbls.	Gas-MCF		
Actual Prod. During Test	J 55.2.				
I			<u> </u>		
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
CERTIFICATE OF COMPLIAN	ICE	OIL CONSERVA	TION COMMISSION		
		APPROVED UEU 10 13	//		
Commission have been complied	with and that the information given		1 sissi		
above is true and complete to the best of my knowledge and belief.		01			
		TITLE SUPERVISOR, DIST	RICT II		
<b>a</b> 2			compliance with put # 1104		
D.L. Shacker	Planel	If this is a request for allow	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)		wall this form must be accompanied by a tabulation of the deviation			
Accountant I		tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow			
(Title)		able on new and recompleted wells.			
November 26, 1975		Fill out only Sections I. II. III, and VI for changes of owner			

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

(Date)