		·	-		
	CISTRIBUTION	,			
	SANTA FE /	,	NEW MEXICO OIL CONSERVATION COMMISSION		
	FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65	
	u.s.g.s.		AND		
	LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL		
	TRANSPORTER OIL		% €	CEIVED	
	GAS				
	OPERATOR /	<u>.</u>	· M	AR 1 4 1979	
I.	Operation Office ARCO Oil and G	Company of the compan			
		lantic Richfield Company		O. C. C.	
	Address	iancie Richilleid Company	AR	TEBIA, OFFICE	
	P. O. Box 1710	, Hobbs, New Mexico 8824	0		
	Reason(s) for filing (Check proper box	,	Other (Please explain)		
	New Well	Change in Transporter of:	Change in Opera	tor Name	
	Recompletion	Oil Dry Ga	effective: 4-1-	79	
	Change in Ownership	Casinghead Gas Conden	sate	· · · · · · · · · · · · · · · · · · ·	
	If change of ownership give name and address of previous owner	•			
-			,		
-	DESCRIPTION OF WELL AND		ne, including Formation	Kind of Lease	
	Empire Abo Unit 6	a8 Empi	re Abo	State, Federal or Fee	
	Location				
	Unit Letter I 163	50 Feet From The South Lin	and 660 Feet From	The East	
	30	· •			
	Line of Section 32 , Tov	mahip /75 Romge	28E , NMPM,	Eddy County	
Ł	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S		
	Name of Authorized Transporter of Cil	or Condensate	Address (Give address to which approach 2300 Continental Natio	oved copy of this form is to be sent; nal Bank Bldg.	
		Amoco Pipeline Company		Ft. Worth, Texas 76102	
Name of Authorized Transporter of Casinghead Gas V or Dry Gas Address (Gir Amoco Production Company P.O. Dr			Address (Give address to which appropriate P.O. Drawer A. Levella	oss (Give address to whick approved copy of this form is to be sent) D. Drawer A, Levelland, Texas 79336	
	Phillips Petroleum Con		4001 Penbrook, Odessa,	Texas 79760	
•	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 0 32 17 28		hen AMO 9-8-60	
			<u> </u>	PP Unknown	
F.	COMPLETION DATA .	th that from any other lease or pool,	grae comminging order mimpet:		
	Designate Type of Completion	on \rightarrow (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
-	No Change			F.8.1.D.	
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	<u> </u>	<u> </u>			
	Perforations			Depth Cosing Shoe	
			CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		1	1		
T.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oi	l and must be equal to or exceed top allow	
	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, pemp, gas	lift, etc.)	
	No Change Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Cil-Bhis.	Water-Bbis.	Gas-MCF	
	<u></u>				
	GAS WELL	<u> </u>			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
_					
Ł	L 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		APPROVED APR 1 2 1979		
		best of my knowledge and belief.	BY N.C. Stusset		
	•	, ,			
	- · ·		TITLE SUPERVISOR, D	ISTRICT II	

(Signature)
District Prod & Drlg Supt.

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79

(Date)

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections E. II. III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

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 an accordance with RULE 111.