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CISTRIBUTION 6	NEW MEXICO OIL C	CONSERVATION COMMISSION	Form C-104				
SANTA FE	→ · REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11				
FILE /	<u> </u>	AND	Filective 1-1-62				
U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	GAS				
TRANSPORTER OIL /			GAS ECEIVED				
OPERATOR /		•	MAR 14 1979				
PRORATION OFFICE Cperator APCO 011 and	Con Company						
Division of A	Gas Company - V Atlantic Richfield Company		O. C. C.				
Address		_	STRICE				
P. O. Box 17. Reason(s) for filing (Check proper t	10, Hobbs, New Mexico 8824	Other (Please explain)					
New Well	Change in Transporter of:	, , , , , , , , , , , , , , , , , , , ,	ton Name				
Recompletion	Oil Dry Go	Change in Opera					
Change in Ownership	Casinghead Gas Conder						
If change of ownership give name and address of previous owner	•						
I. DESCRIPTION OF WELL AN	n i fasc						
Lease Name	Well No. Pool No	me, including Formation	Kind of Lease State, Federal or Fee State				
Empire Abo Unit //	0 11	re Abo	- Succe				
Unit Letter /V/	660 Feet From The South Lin	e and 660 Feet From	n The West				
Line of Section 33	Township /7S Range a	BE , NMPM,	Eddy County				
	RTER OF OIL AND NATURAL GA						
Name of Authorized Transporter of	Cil 📉 or Condensate	Address (Give address to which app 2300 Continental Natio	foved copy of this form is to be sent) onal Bank Bldg.				
Amoco Pipeline Compa		Ft. Worth, Texas 7610	02				
Name of Authorized Transporter of Amoco Production Com Phillips Petroleum C	Casinghead Gas 💢 or Dry Gas 📋 ipany . Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer A, Levelland, Texas 79336 4001 Penbrook, Odessa, Texas 79760					
If well produces oil or liquids,	Unit Sec. Twp. Rge.	, ,	When				
give location of tanks.	0 32 17 28	,	amo 4PP 3-8-60				
If this production is commingled V. COMPLETION DATA	with that from any other lease or pool,	give commingling order number:	·				
	Oil Well Gas Well	New Well Workover Deepen	Piug Back Same Restv. Diff. Restv.				
Designate Type of Comple	tion - (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 Casing Shoe				
	TUBING, CASING, AND	CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
		<u> </u>					
CONTRACTOR DESCRIPTION	TOP ALLOWANTE OF A						
7. TEST DATA AND REQUEST OIL WELL		fter recovery of total volume of load o opth or be for full 24 hours)	il and must be equal to or exceed top allow				
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pamp, gas	lift, etc.)				
No Change							
Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
Actual Prod. During Test	Cii-Bbls.	Water-Bbis.	Gas-MCF				
Actual Float During 1931	011-03131	110101-110101	343-1110.				
GAS WELL			·				
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				
E CERTIFICATE OF COMPLIA	INCE	OIL CONSER	ATION COMMISSION				
Y hombo again at a at	od annulations of the OU C	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 above is true and complete to the best of my knowledge and belief.		7150 Lyonett					
		SUPERVISOR, DISTRICT, IL					
_		TITLESUPERVISOR	G DISTRICT II				
11 , /) `/		n compliance with pur s see				
Denze V. Racks		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened					
District Prod & Drlg Supt. 3 8		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 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.					
				•	(Date)	4.5	orter, or other such change of conditions ust be filed for each pool in multiply

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