		5	4
DISTRIBUTION			
SANTA FE			
FILE			سا
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	/	
OPERATOR			
PRORATION OF			

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL CASE CEIVED

	TRANSPORTER OIL / GAS /	PORTER OIL /						
ī.	PRORATION OFFICE							
	Atlantic Richfield Company  Atlantic Richfield Company  Address							
	P. O. Box 1710, Hobbs	New Mex	ico 88240			· · · · · · · · · · · · · · · · · · ·		
	Reason(s) for filing (Check proper box)  New Well	Change in	Transporter of:	Other (Pt Includ	ease explain) ed in Empir	e Abo Unit eff:	10/01/73.	
	Recompletion	Oii	Dry Go	change	in lease r	name from M.Yate	es B ARC#6	
	Change in Ownership	Casinghed	d Gas Conde	nsate				
	If change of ownership give name and address of previous owner							
¥¥.	DESCRIPTION OF WELL AND I	LEASE Well No.	Pool Name, Including F	ormation	Kind of Leas	60	Lease No.	
	Empire Abo Unit H	30	Empire Abo		State, Feder	alor Fee State	_	
	Unit Letter N ; 660	Feet Fro	m The South Lin	ne and 1980	Feet From	The West		
	Line of Section 33 Tow	nship 1	7S Range	28E , N	мрм,	Eddy	County	
895	DESIGNATION OF TRANSPORT	FR OF OIL	AND NATURAL GA	AS				
***.	Name of Authorized Transporter of Oil X or Condensate Address (Give address to white 2300 Continental B				ess to which appropriate Bk. B	oved copy of this form is $\log$ .	to be sent)	
	AMOCO Pipe Line Company Name of Authorized Transporter of Casinghead Gas X or Dry Gas			2300 Continental Bk. Bldg. Fort Worth, TX 76102  Address (Give address to which approved copy of this form is to be sent)				
	Phillips Petroleum Company					shington, Odessa, TX 79760		
	If well produces oil or liquids, give location of tanks.	Unit Sec	. Twp. Pge.	Is gas actually con Yes	nected? ; W	<sub>hen</sub> 06/15/6	0	
	If this production is commingled wit		79 1 2 2 1		order number:		1	
ïV.	COMPLETION DATA		Dil Well Gas Well	New Well Worko		Plug Back Same Re	s'v. Diff. Res'v.	
	Designate Type of Completio	l.					l .	
	Date Spudded	Date Compl. F	Ready to Prod.	Total Depth		P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	ucing Formation	Top Oil/Gas Pay	Top Oil/Gas Pay Tubing Depth			
	Perforations	<u> </u>				Depth Casing Shoe		
		7	UBING, CASING, AN	D CEMENTING RE	CORD			
	HOLE SIZE	CASING	& TUBING SIZE	DEPT	H SET	SACKS CE	MENT	
v.	TEST DATA AND REQUEST FO	OR ALLOWA	BLE (Test must be	after recovery of total	volume of load of	l and must be equal to or	exceed top allow-	
•	OII, WELL Date First New Oil Run To Tanks	Date of Test	able for this d	Producing Method		lift, etc.)		
	Date First Hew Off Hall to Talles							
	Length of Test	Tubing Press	ur•	Casing Pressure		Choke Size		
	Actual Prod. During Test	Oil-Bbls.		Water-Bbls.		Gas-MCF		
		L		1				
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Te	•t	Bbls. Condensate/	MMCF	Gravity of Condensat	•	
	Testing Method (pitot, back pr.)	Tubing Press	w.(Shut-in)	Casing Pressure (	Shut-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIAN	NCE		C	IL CONSERV	ATION COMMISSIO	N	
	hereby certify that the rules and regulations of the Oil Conservation		APPROVED SEP 28 1973 . 19					
	Commission have been complled with and that the information given above is true and complete to the best of my knowledge and belief.  (Signature)  Senior Accounting Clerk  (Title)  September 26, 1973			lav A	By W. C. Sressett			
				TITLE  OIL AND GAS INSPECTOR  This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despended to the deviation of the deviation.				
				well, this form	well, this form must be accompanied by a tabulation of the deviation of th			
				All sections of this form must be filled out completely for allowable on new and recompleted wells.  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				
	(De							