I.	Address	REQUEST AUTHORIZATION TO TRA as Company - Lantic Richfield Company Hobbs, New Mexico 88240	ONSERVATION COMMISSION FOR ALLOWABLE AND INSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-114 Effective 1-1-65 AS RECEIVED MAR 14 1979 D.C.C. ARTEBIA, OFFICE
	New Weil Recompletion Change in Ownership If change of ownership give name and address of previous owner	Change in Transporter of: Oil Dry Gas Casinghead Gas Conden	ETTECTIVE. 4-T-1	i
I.	DESCRIPTION OF WELL AND I		ne, Including Formation	Kind of Lease
	Empire Abo Unit 6	21	re Abo	State, Federal or Fee State
	Location Unit Letter J : 198	O Foot From The South Line	• and Feet From T	East
			28E, NMPM.	Eddy County
				Eddy County
I.	DESIGNATION OF TRANSPORT	CER OF OIL AND NATURAL GA	S Address (Give address to which approv 2300 Continental Nation	ed copy of this form is to be sent) al Bank Bldg.
-	Amoco Pipeline Company Name of Authorized Transporter of Casinghead Gas 🔀 or Dry Gas 🗔		Ft. Worth, Texas 76102 Address (Give address to which approved copy of this form is to be sent)	
-	Amoco Production Compa Phillips Petroleum Com	ny . Ipany	P.O. Drawer A, Levellan 4001 Penbrook, Odessa,	d, Texas 79336 Texas 79760
•	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. K 33 17 28	Is gas actually connected? Whe	PP 6-5-60
If this production is commingled with that from any other lease or pool, give commingling order number: F. COMPLETION DATA Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. R				
2	No Change	•		
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations	Perforations		Depth Casing Shoe
-	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
7.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be af able for this de	iter recovery of total volume of load oil o pth or be for full 24 hours;	and must be equal to or exceed top allow-
	OIL WELL able for this de Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
	No Change Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oll-Bbls.	Water-Bbis.	Gas - MCF
	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
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*	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 above is true and complete to the best of my knowledge and belief.		APPROVED <u>APR 1 7 1979</u> , 19 BY <u>WAXWSSET</u>	
			TITLE <u>SUPERVISOR</u> , DISTRICT II	
, 7	District Prod & Drlg Supt. 3 8 79 (Title) (Date)		This form is to be filed in compliance with RULE 1104. 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 in accordance with RULE 111. All sections of this form must be filled out completely for allow- able 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. Separate Forms C-104 must be filed for each pool in multiply completed wells.	

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