5				-			
DISTRIBUTION	NEW I		ONSERVATION CON		Form C-104		
FILE	REQUEST FOR ALLOWABLE Supersedes Old C-1 AND Effective 1-1-65						
U.S.G.S.	AUTHORIZAT	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
TRANSPORTER OIL				F	RECEIV	ED	
GAS OPERATOR					SEP 2 6 197	2	
PROBATION OFFICE	<u> </u>		· · · · · · · · · · · · · · · · · · ·		SEP 2 0 137	J	
Operator Atlantic Richfield C	COMPRHY				0. C. C.		
Aduress		8240	·······		ARTESIA, OFFI	CE	
P. O. Box 1710, Hobb Reason(s) for filing (Check proper b	ox)			ise explain)			
New Well Recompletion	Change in Transporter of:			Included in Empire Abo Unit eff:10/01/73. Change in lease name from			
Change in Ownership	Casinghead Gas	Conder		es B ARC #12			
If change of ownership give name and address of previous owner	<u> </u>						
N. PERCEPTION OF WELL AND							
Lease Name Empire Abo Unit H	Well No. Pool No. 32	ame, Including Fo Empire Abo	ormation	Kind of Lease State, Federal	orFee State	Lease No.	
Location	• • • • • • • • • • • • • • • • • • •					~ /	
Unit Letter P; 99	90 Feet From The	South Lin	e and660	Feet From TI	heEast		
Line of Section 33 7	Cownship 175	Range	28E , NMI	РМ,	Eddy	County	
II. DESIGNATION OF TRANSPO							
Name of Authorized Transporter of C			2300 Contine Fort Worth,	ntal Nat 1 TX 76102	ed copy of this form is t Bk. Blug.	o de sent)	
<u>AMOCO Pipe Line Com</u> Name of Authorized Transporter of C	Casinghead Gas 🔀 or E	Dry Gas	Address (Give addres	s to which approve	ed copy of this form is t		
Phillips Petroleum (If well produces off or liquids,		wp, P.ge,	Phillips Bld Is gas actually conne		shington,Odess		
give location of tanks.	K 33 1	7S 28E	Yes		07/15/0	30	
If this production is commingled v IV. COMPLETION DATA	with that from any other	lease or pool,	give commingling or	ier number:		•	
Designate Type of Complet	tion - (X)	Gas Well	New Well Workove	r Deepen I	Plug Back Same Res	s'v. Diff. Res'v.	
Date Spudded	ied Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing For	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	
					Depth Casing Shoe		
Perforations					Depth Cusing Shoe		
			CEMENTING RECO				
HOLE SIZE	CASING & TUB	SING SIZE	DEPTH	561	SACKS CEN		
V. TEST DATA AND REQUEST ONL WELL	FOR ALLOWABLE	(Test must be aj able for this de	ter recovery of total vo pth or be for full 24 ho	lume of load oil ai urs)	nd must be equal to or e	exceed top allow	
Dute First New Oil Run To Tanks	Date of Test		Producing Method (Fi	ow, pump, gas lift,	, elc.)		
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	·····	
Actual Pred, During Test	Oil-Bble.		Water - Bbls.		Gas - MCF		
		, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			······································		
GAS WELL			Bbis. Condensate/MA	(CE	Gravity of Condensate	n <u></u>	
Actual Prod. Test-MCF/D	Length of Test		EDIS. Condensate/MK		Gravity of Condenadia		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut	t-in)	Casing Pressure (Sh	at-in)	Choke Size		
VI. CENTIFICATE OF COMPLIA	NCE			EP 28 1973	tion commission	N	
I hereby certify that the rules and Commission have been complied	d regulations of the Oil with and that the info	Conservation ormation given	APPROVED	- 10 A	nanna Xt	19	
above is true and complete to t	he best of my knowled;	ge and belief.	BY				
	1 3 17			D GAS INSPECT	······································		
Senior Accounting Clerk			This form is to be filed in compliance with RULE 1104. If this is a request for sllowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
September 26, 1973 (Date)			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.				
			I Separate For	ms C-104 must	be filed for each p	ool in multiply	