DISTRIBUTION SANTA FE	REQUEST F	NSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
FILE V U.S.G.S. LAND OFFICE		AND SPORT OIL AND NATURAL G R	AS
PROTATION OFFICE			SEP 2 6 1973
Operator			O. C. C.
Atlantic Richfield Com			ARTESIA, OFFICE
P. O. Box 1710, Hobbs, Invason(s) for filing (Check proper box)	New Mexico 88240	Other (Please explain)	
New Well Change in Transporter of: Recompletion Oil Dry Gas			
Change in Ownership	Casinghead Gas Condens	M. Yate	S B ARC #14.
If change of ownership give name and address of previous owner			
I. PUPETH LION OF WELL AND I	LEASE	mation Kind of Lease	Lease No.
Leane Name	Well No. Pool Name, Including For 31 Empire Abo	state, Federa	04-4-
Empire Abo Unit E		1980	East
Unit Letter B	1 Feet From The North Line	and Feet From *	The
Line of Section 33 Tov	vnship 17S Range	28E , NMPM,	Eddy County
M. DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	Address (Give address to which appro 2300 Continental Nat'1 Fort Worth, TX 76102	ved copy of this form is to be sent) BK. Bldg.
MOCO_Pipe_Line_Company Name of Authorized Transporter of Casinghead Gas 🔀 or Dry Gas 🔤		Fort Worth, IX 70102 Address (Give address to which approved copy of this form is to be sent) Phillips Bldg., 4th & Washington, Odessa, TX 79760	
	Phillips Petroleum Company Phillips Bldg., 4th & Washington		
if well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. K 33 17S 28E	Is gas actually connected? when 08/06/60 Yes 08/06/60	
If this production is commingled wi IV. COMPLETION DATA	th that from any other lease or pool, g	rive commingling order number:	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completio			P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. YEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	ter recovery of total volume of load oil	l and must be equal to or exceed top allow
OGL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas l	
Oute First New Oil Run To Tanks			Choke Size
Length of Teat	Tubing Pressure	Casing Pressure	0
Actual Pred, During Test	Oil - Bbls.	Water-Bbls.	Gas-MCF
G/S WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Tout-MCF/D	Length of Test		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	
VI. CENTIFICATE OF COMPLIAN	VCE	SEP 28 19	ATION 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	
		TITLE OIL AND GAS INSPE	
1. L. Spechiller		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a nowly 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. All sections of this form must be filled out completely for allow the new and recompliated wells.	
(Signature)			
Senior Accounting Clerk			
(Title) September 26, 1973		able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner Fill out only Sections I. II. III, and VI for changes of condition	
(Date)		Fill out only Sections 1, 11, 11, and 4 with the such change of condition well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multipl	