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DISTRIBUTION	-1	•	
SANTA FE		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-11
FILE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C- AND Effective 1-1-65		
U.S.G.5.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	GAS
LAND OFFICE			RECEIVED
TRANSPORTER OIL			REDEIVED
GAS /			
OPERATOR /	-		SEP 2 6 <b>1973</b>
PROPRATION OFFICE			
Atlantic Richfield Co	mpany /		O. C. C.
Address			ARTESIA, OFFICE
P. O. Box 1710, Hobbs			
iteason(s) for filing (Check proper box		Other (Please explain)	
New Woll	Change in Transporter of:		re Abo Unit eff:10/01/73.
Recompletion		Change in rease	
Counge in Ownership	Casinghead Gas Conden	M. Yates	B ARC #15.
li change of ownership give name			
and address of previous owner			
W. DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including Fo		
Empire Abo Unit H	31 Empire Abo	State, Føde	ral or Fee State
Location 072	21 0	1980	East
Unit Letter $0$ ; 973.	31 Feet From The South Lin	e and <u>1980</u> Feet From	The Last
Uine of Section 33 To	wnship 17S Range	28E . NMPM,	Eddy County
		201	inday
A. DEUGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S	
Nome of Authorized Transporter of Oil		Address (Give address to which appr 2300 Continental Nat	oved copy of this form is to be sent) Black Black
AMCCO Pipe Line Company		Fort Worth, TX 76102	
Name of Authorized Transporter of Ca	singhead Gas 🔀 🛛 or Dry Gas 🦳	Address (Give address to which appr	oved copy of this form is to be sent)
Phillips Petroleum Co	mpany	Phillips Bldg., 4th &	Washington, Odessa, TX7976
If well produces oil or liquids,	Unit Sec. Twp. Rge.		<sup>'hen</sup> 07/26/60
give location of tanks.	K 33 17S 28E	Yes	01720700
If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	
V. COMPLENION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completi	$\operatorname{on} - (X)$		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			
	TUBING, CASING, AND	D CEMENTING RECORD	3
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
1			
i 		<u></u>	
V. TEST DATA AND REQUEST F	ON ALLOWABLE (Test must be a) able for this de	fter recovery of to:al volume of load of pth or be for jull 24 hours)	il and must be equal to or exceed top allow
OII, WELJ. Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
Length of Twet	Tubing Pressure	Casing Pressure	Choke Size
Actual Prea, During Test	Oil-Bbls.	Water-Bbie.	Gas-MCF
<u></u>			
CAS WEAL		Bhin Condensate (1940)	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Granth or condenience
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-ia)	Casing Pressure (Shut-in)	Choke Size
Testing Neriod Thront and his			
VI. CENTIFICATE OF COMPLIAN		OIL CONSERV	ATION COMMISSION
AL CEATERCARE OF COMPLEMENT	~_	050	
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 SEP 28 1973 . 19	
		TITLE	
·	12 D	This form is to be filed in	compliance with RULE 1104.
(Signature)		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.	
(Title)			
	September 26, 1973		
(Date)		Separate Forms C-104 must be filed for each pool in multiply	

well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply