				•		
DISTRIBUTION	NEW ME	XICO OIL C	ONSERVATION COMM	IISSION	Form C-104	
SANTA FE	•	REQUEST	FOR ALLOWABLE			94 and C-110
FILE / / V		AND		Effective 1-1-65		
U.S.G.S. /	AUTHORIZATIO	N TO TRA	NSPORT OIL AND	NATURAL G	AS	
LAND OFFICE				F	SECEINED	
TRANSPORTER GAS 2	-		•			, ,
OPERATOR /				•	MAR 14 19/9	·
PRORATION OFFICE			,		10/3	
Operator ARCO 011 and Ga	as Company -				O. C. C.	,
	lantic Richfield	Company			ARTESIA. OFFICE	
Address				4		
P. O. Box 1710, Reason(s) for filing (Check proper box)	, Hobbs, New Mexi	lco 88240	Other (Please explain)			
New Well	Change in Transporte	er of:	Change in Operator Name			
Recompletion	Oii	Dry Gas	effective: 4-1-79			
Change in Ownership	Casinghead Gas	Conden	<u> </u>		·	
If change of amounting give some						
If change of ownership give name and address of previous owner	•		· · · · · · · · · · · · · · · · · · ·			
RECODIDITION OF WELL AND	FASE	•				
DESCRIPTION OF WELL AND I		No. Pool Nan	ne, including Formation	· · · · · · · · · · · · · · · · · · ·	Kind of Lease	
Empire Abo Unit	36	e Empi	re Abo	•	State, Federal or Fee	ale
Location		1 1			/ /	
Unit Letter I : 23/	O Feet From The	with Line	and 990	Feet From T	no Esst	
21/			705		m11	
Line of Section 34 , Tow	mship //S	Range (28E , NMPN	<u>. </u>	Eddy	County
DESIGNATION OF TRANSPORT	PER OF OIL AND NAT	TUDAL GA	c	•		
Name of Authorized Transporter of Cil			Address (Give address	to which approv	ed copy of this form is to be	sent)
Amoco Pipeline Company			Address (Give address to which approved copy of this form is to be sent) 2300 Continental National Bank Bldg. Ft. Worth. Texas 76102			
Name of Authorized Transporter of Casinghead Gas X or Dry Gas			Address (Give address to which approved copy of this form is to be sent) P.O. Drawer A, Levelland, Texas 79336			
Amoco Production Compa Phillips Petroleum Com	npany		4001 Penbrook	Odessa,	Texas 79760	,
If well produces oil or liquids,	Unit Sec. Twp.	P.ge.	Is gas actually connec	ed? Whe	AMO 9-7-1	60
give location of tanks.	P 39 1/		yes		PP 9-7-	60
If this production is commingled wit	th that from any other lea	ase or pool,	give commingling orde	ı unupet:		
COMPLETION DATA .	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back Same Res'v.	Diff. Res'v.
Designate Type of Completion	on - (X)	· !		<u> </u>		
Date Spudded	Date Compi. Ready to Pro	od•	Total Depth		P.B.T.D.	
No Change					Tube - Dank	
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	
Perforations				Depth Casing Shoe		
		-				
	TUBING, C	ASING, AND	CEMENTING RECO	₹D		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
	<u> </u>					
	OR ALLOWARIE OF		<u> </u>			d top allow
TEST DATA AND REQUEST FO			iter recovery of total vol pth or be for full 24 how		and must be equal to or excee	a top attow-
Date First New Oil Run To Tanks	Date of Test		Producing Method (Flo	w, pump, gas lij	t, etc.)	
No Change						
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	
	011 251-		Woter-Bbls.		Gas-MCF	
Actual Prod. During Test	Oli-Bbls.		Wdter - Dbis.		Gus-Mor	
	<u> </u>		<u> </u>		<u> </u>	
GAS WELL					<u> </u>	
Actual Prod. Test-MCF/D	Length of Test		Bbis. Condensate/MM	F	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure		Casing Pressure		Choke Size	
<u> </u>	<u> </u>				TION 00: 00:00:00:00:00:00:00:00:00:00:00:00	
CERTIFICATE OF COMPLIAN	CE		OIL		TION COMMISSION	
•••			APPROVED	APR 1	6/1979	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		1.10 Siesett				
above is true and complete to the best of my knowledge and belief.			BY W. G. STUSSED			
-				************ 1	וו דיומדאור וו	
			TITLESU	PERVISOR, I	JISTRICT IL	
<i>n</i> , , , ,			''''			04.
Denne V. R.	L		This form is	o be filed in o	compliance with RULE 110	r deepened
Derze V. Kra	Lature)		This form is	o be filed in quest for allow		r deepened

(Date)

(Signature)
District Prod & Drlg Supt.

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.

Superate Forms C-104 must be filed for each pool in multiply

All sections of this form must be filled out completely for allowable on new and recompleted wells.