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			,							
CISTRIBUTI	ON		6	· NE	W MEXICO OI	U CONSERV	ATION COM	uccion.	S 0	
SANTA FE					DNSERVATION COMMISSION FOR ALLOWABLE			Form C-104 Supersedes Old C-104 and C-11		
FILE		7	V		·	AND	LOWABLE			ve 1-1-65
U.S.G.S.				AUTHORIZ	ATION TO 1		ר חוו אאם ו	NATHRAL (245	
LAND OFFICE				AOTHORIZ	A11011 10 1	I IVAITOI OIL	012 2110	TO TORNE	RECE	VED
TRANSPORTER	OIL	7						1	K E C E	
INANSPORTER	GAS	2							4 4	1070
OPERATOR		7			-		•		MAR 14	1979
PRORATION OF	FICE						·			
Operator ARC	011	and	Ga	s Company -					O. C	. C.
Div:	ision	of	At1	antic Richfi	eld Compa.	iny			ARTESIA,	OFFICE
Address										•
				Hobbs, New	Mexico 88	3240		· ··		
Reason(s) for filing	(Check p	roper	box)				Other (Please	•		,
New Well	\vdash			Change in Tran		<u></u>		in Operat		
Recompletion	\vdash			Ott		y Gas	effecti	ve: 4-1-7	9	
Change in Ownership	PL			Casinghead Ga	<u> </u>	ondensate	<u> </u>			<u></u>
If change of owners			ne .		•					
DESCRIPTION O		. A1	NTS F	FASE	•	÷		• • •	•	
Lease Name	TEL.	<u>. Aï</u>	<u> 10 L</u>	LASE	Well No. Poo	l Name, Includ	ing Formation	·	Kind of Lease	44 4
Empire Abo	Unit	F			34 E	mpire Abo		• *	State, Federal	or Foo
Location	-									/ 1
Unit Letter	<u> </u>	: 19.	58.	54 Feet From The	· West	Line and 19	52.97	Feet From	The	with
Line of Section	21		·	nship /75	Range	20F	- NMPN		Eddv	County
Line of Section	<u>G7</u>		100	namp //	Range	ZOL	, 1404210	·•	Budy	- Journa
DESIGNATION O	E TDA	ven	OPT	TP OF OIT AND	NATTIDAT	GAS		٠	•.	
Name of Authorized						Address	(Give address	to which appro	ved copy of this	form is to be sent)
Amoco Pipe				•				as 76102		lag.
Name of Authorized	Transpor	ter of	Cost	inghead Gas 🔯 🔞	or Dry Gos 🗔	Address	(Give address	to which appro	ved copy of this	(orm is to be sent)
Amoco Produ Phillips Pe	uction	. Co	mpa	ny .	_	4001	Drawer A, Penbrook.	Cevellar Odessa,	nd, Texas Texas	79336 79760
If well produces oil			<u> </u>	Unit Sec.	Twp. Rge.		tually connect			9-3-60
give location of tank		••	į	F 134	17 2	8 L	رجعا	1	99	Unknown
If this production i	s commi	20100	t with	h that from env oth	er lease or or	ool, give com	ngling orde	r number:		
COMPLETION D			•							
Designate Ty	pe of C	ompi	etio	n - (X)	Gas We	II New Wel	Workover	Deepen	Plug Back S	iame Res'v. Diff. Res'v
Date Saudded				Date Compl. Ready	to Prod.	Total De	nth .		P.B.T.D.	
1	•			,		·	•	. * *		
No Change	 			Name of Producing	Formation	Top Oil	Gas Pay		Tuhing Depth	
7.00.	•						•		1	
Perforations									Depth Casing	Shoe
				•		-				
				TURU	NG, CASING,	AND CEMEN	TING RECO	PD .		
HOLE	SIZE				UBING SIZE		DEPTH S		SAC	KS CEMENT
				GAGING C.						
								 		
				1						
TEST DATA AN	D BEOI	TEC	r FC	OR ALLOWARIE	Test must	he after recove	er of total vol	me of load oil	and must be eau	si to or exceed top allow
OIL WELL	D INDE			ou fillowilder		is depth or be				
Date First New Oil	Run To T	'ank s		Date of Test		Producii	g Method (Flo	v, pump, gas li	ft, etc.)	
No Change										
Length of Test		•		Tubing Pressure		Casing	stere in e		Choke Size	
<u> </u>										
Actual Prod. During	Test			Oil-Bbls.		Water - 8	bls.		Gos-MCF	
<u> </u>										
					. –					
GAS WELL				,						
Actual Prod. Test-	MCF/D			Length of Test		Bhis. C	OMM\esternance	F	Gravity of Co	ndensate
									 	
Testing Method (pil	ot, back	pr.)		Tubing Pressure		Casing	olessme		Choke Size	•
<u> </u>										
CERTIFICATE OF COMPLIANCE							OIL	CONSERV	ATION COM	NOISSION
							APPROVED APR 1 6 1979 19			
I hereby certify th	at the ru	ies	and r	egulations of the country in the cou	Oil Conservat	uon II	OVED		/	, 19
				كالمساه فيناه فالتا المنت		!!		· / // X	<i></i>	· · · · · · · · · · · · · · · · · · ·

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

Fill out Sections E. II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

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.

This form is to be filed in compliance with RULE 1104.

SUPERVISOR, DISTRICT II

TITLE _

District Prod & Drlg Supt.

(Title)

(Date)

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