	ANTA FE	REQUEST	CONSERVATION CO SION	Form C=104 Supersedes Old C=104 and C=11 Effective 1=1=65
	S.G.S. AND OFFICE TRANSPORTER OIL i GAS 1	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL C	SEP 2 6 1973
1	OPERATOR PRORATION OFFICE	· · · · · · · · · · · · · · · · · · ·		O. C. C.
•.	Operator Atlantic Ri	chfield Company 🖌		ARTESIA, OFFICE
	Address			
	P. O. Box 1710, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper bax) 'lew Well Change in Transporter of: Discompletion Oil Change in Ownership X Condenaate Other (Please explain) Included in Empire Abo Unit eff: 10-1-73. Change in lease name from State BT #2.			
	It change of ownership give name and address of previous owner	AMOCO PRODUCTION COM	IPANY P. O. Box 68, Hobb	os, New Mexico
HI.	Unit Letter;	69.27 Feel From The	State, Federa	LorFee State
	Line of Section 34 Tou	withip 17S Panae	28E , NMPM, Eddy	County
AMOCO Pipe Line Company 2300 Company Harme of Authorized Transporter of Casin meed Gas X or Dry Gas Address (Company AMOCO Production Company P. O. If well produces off or liquids, Unit			Adverses (Give address to which approx 2300 Continental Bk.Bld Address (Give address to which approx P. O. Box 68, Hobbs, Is give actually connected?	g., Ft. Worth, Tex. 76102 wed copy of this form is to be sent) New Mexico 88240
	give location of tanks. K 34 17S 28E yes unknown If this production is commingled with that from any other lease or pool, give commingling order number:			
IV.	COMPLETION DATA	Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty,
	Designate Type of Completic Date Spudded	on - (X) Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Pormation	- Top Oll/Gas Pay	Tubing Depth
	Perforations		- harring	Depth Casing Shoe
	TUBING, CASHIG, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) OIL WELL able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Tent Producing Method (Flow, pump, gas lift, etc.)			
	Length of Test	Tubing Pronsure	Caeling Prossure	Choke Size
	Actual Pred. During Test	Oll-Bbis.	Water-Bbis.	Gae - MCF
			۱ 	<u>j</u>
	GAS WELL	Length of Tent	Bola. Condensete/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Turing Prossure (Stat-in)	Casing Prossure (Blut-1n)	Choke Size
VI.	CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Convervation Commission have been complied with and that the information given		OIL CONSERVATION COMMISSION SEP 28 1973	
			APPROVED, 19, 19	
	above is true and complete to the	e best of my knowledge and belief.	ay	NESSE (
	A.L. Sharn	ulferd	TITLE OIL AND GAS INSPECTOR This form is to be filed in compliance with RULE 1104. If this is a request for alloweble for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation	
	Sr. Acctg. Clerk		tests taken on the well in accordance with NULE 111. All sections of this form must be filled out completely for allow-	
	(Tidr) 9-26-73		able on new and recompleted wells. Fill out only Sections I. H. HI. and VI for changes of owner,	
	(Da	nte)	well name or number, or transport	er, or other such change of condition. t be filed for each pool in multiply