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CISTRIBUTION	<i>t</i>				ĝ.	
SANTA FE	NEW	NEW MEXICO OIL CONSERVATION COMMIS				Form C-104
FILE	J	REQUEST FOR A				Supersedes Old C-104 and Effective 1-1-65
U.S.G.S.	ALITHODIZAT	AUTHORIZATION TO TRAN				
LAND OFFICE	AUTHORIZAT	ION TO TR	ANSPOR I	OIL AND	NATURAL	GAS
FRANSPORTER GAS GAS	_		•			
OPERATOR /	-					EGEINED
PRORATION OFFICE						
Operator ARCO 011 and (· · · · · · · · · · · · · · · · · · ·	MAR 14 1979
Division of A	tlantic Richfiel	d Company	7	···	· · · · · · · · · · · · · · · · · · ·	
P. O. Box 171	O, Hobbs, New Me	wico 8824	in			O. C. C.
Reason(s) for filing (Check proper bo	x)		1	Other (Pleas	explain)	ARTESIA, OFFICE
New Well	Change in Transpo	rter of:	_	Change	in Operat	or Name
Recompletion Change in Ownership	O11 [Dry G	<u> </u>	effecti	ve: 4-1-7	79
	Casinghead Gas	Conde	nscte			• .
If change of ownership give name and address of previous owner		•	,		· · · · · · · · · · · · · · · · · · ·	
DESCRIPTION OF WELL AND			•	<u>. </u>	<u> </u>	•
Lease Name	-	Il No. Pool No	-	g Formation		Kind of Lease
Empire Abo Unit	قق	7 Emp	ire Abo			State, Federal or Fee
Unit Letter G; /6	650 Feet From The	Vorth 1	ne and	310	Feet From	The East
Line of Section 35 , To	ownship /25	Range	28 F	, NMPM		Eddy Coun
VESIGNATION OF TRANSPOR	TER OF OUR AND W		-			Zudy Coun
DESIGNATION OF TRANSPOR Name of Authorized Transporter of Ci	or Condensate		Address (ive address	o which appro	ved copy of this form is to be sent)
Amoco Pipeline Compan	ı y		'Ft. Wo	rth. Tex	as 76102	2
Name of Authorized Transporter of Co Amoco Production Comp	anv	ry Gas 🔲	Address (Give address to which approve P. O. Drawer A, Levelland			ved copy of this form is to be sent) ad. Texas 79336
Phillips Petroleum Co	mpany		4001 P	enbrook,	Odessa,	Texas 79760
If well produces oil or liquids, give location of tanks.	P 26 /	-	1 1	ially connecte	kat? Wh⊲	m Amo 9-7-60
this production is commingled w					number	PP 9-7-60
COMPLETION DATA Designate Type of Completi	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Same Restv. Diff. Re
Date Soudded		1	<u> </u>	1	i	
	Date Compi. Ready to F	rod.	Total Dept	h		P.B.T.D.
No Change	Name of Producing Form	action	Top Oil/G	ne Parv		Tubing Depth
				,		Tabling Deptin
Perforations				-		Depth Coming Shoe
	TUBING.	CASING, ANI	CEMENT	NG RECOR	D	
HOLE SIZE	CASING & TUBI			DEPTH SE		SACKS CEMENT
				-,		
		- ,				
FEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	 fter recovery	of total volu	ne of load oil	ind must be equal to or exceed top al
DIL WELL	Date of Test	able for this de	pth or be for	full 24 hours)	
Date First New Oil Bun To Tanks	Daile of Leaf		Producing	vietnoa (<i>t. Low</i>	, pump, gas lij	t, etc.)
	İ			•		
Date First New Oil Run To Tanks No Change Length of Test	Tubing Pressure		Casing Pre	eeñt.♦		Choke Size
No Change Length of Test				·•		Choke Size
No Change Length of Test	Tubing Pressure		Casing Pre	·•		Choke Size Gds-MCF
No Change Length of Test Actual Prod. During Test				·•		
No Change Length of Test Actual Prod. During Test FAS WELL			Water - Bbls	•		Gas-MCF
No Change	Oil-Bhis.		Water - Bbls	·•		
No Change Length of Test Actual Prod. During Test HAS WELL Actual Prod. Test-MCF/D	Oil-Bhis.		Water - Bbls	ensate/MMCF		Gas-MCF
No Change Length of Test Actual Prod. During Test SAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	Cil-Bhis. Length of Test Tubing Pressure		Water - Bbls	ensate/MMCF		Gas-MCF Gravity of Condensate Choke Size
No Change Length of Test Lettual Prod. During Test JAS WELL Lettual Prod. Test-MCF/D Feeting Method (pitot, back pr.)	Cil-Bhis. Length of Test Tubing Pressure		Water - Bbls	ensate/MMCF	ONSERVA	Gas-MCF Gravity of Condensate Choke Size TION COMMISSION
No Change Length of Test Actual Prod. During Test FAS WELL	CE Cegulations of the Oil Cegulations	Conservation	Water - Bbls	ensate/MMCF	ONSERVA	Gas-MCF Gravity of Condensate Choke Size TION COMMISSION

SUPERVISOR, DISTRICT II

TITLE .

District Prod & Drlg Supt

3

(Title)

(Date)

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

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