	y may	_							
	/-	•							
CISTRIBUTION SANTA FE /	,	OIL CONSERVATION COMMISSION UEST FOR ALLOWABLE	101						
y.s.g.s.	AUTHORIZATION TO	AND O TRANSPORT OIL AND NATURAL							
IRANSPORTER GAS 7		•	RECEIVED						
GAS 7			Benn d a como						
PRORATION OFFICE	Gas Company -		MAR 14 1979						
. ARCO OII and	Atlantic Richfield Com	pany	ARTESIA, OFFICE						
	10, Hobbs, New Mexico		THE STATE OF THE S						
Reason(s) for filing (Check proper in New Well Recompletion	Change in Transporter of:	Change in Opera	Other (Please explain) Change in Operator Name						
Change in Ownership	Casinghead Gas	Condensate effective: 4-1-	effective: 4-1-79						
f change of ownership give name and address of previous owner _									
DESCRIPTION OF WELL AN	D LEASE	Pool Name, Including Formation	Kind of Lease						
Empire Abo Unit	= 37	Empire Abo	State, Federal or Fee Hale						
	850 Feet From The North	Line and 7/0 Feet From	The West						
Line of Section 35	Township /75 Rom	9. 28E , NMPM,	Eddy County						
ESIGNATION OF TRANSPO	ORTER OF OIL AND NATURA	AL GAS	oved come of this form is to be sent)						
Amoco Pipeline Compa	-	Ft. Worth, Texas 7610							
Name of Authorized Transporter of Amoco Production Com Phillips Petroleum (npany .	Address (Give address to which appr P.O. Drawer A, Levella 4001 Penbrook, Odessa,	oved copy of this form is to be sent) nd, Texas 79336 Texas 79760						
If well produces oil or liquids, give location of tanks.			Unknown						
this production is commingled		pool, give commingling order numbers	7-13-3-3-1						
Designate Type of Comple	etion - (X)	Weil New Weil Workover Deepen	Plug Back Same Res'v. Diff. Res'v						
Date Spudded	Date Compl. Ready to Prod.	. Total Depth	P.B.T.D.						
No Change	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
Perforations	.,		Depth Casing Shoe						
	TUBING, CASIN	G, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZ		SACKS CEMENT						
TEST DATA AND REQUEST	FOR ALLOWABLE (Test mu able for	ist be after recovery of total volume of load of this depth or be for full 24 hours;	i and must be equal to or exceed top allow						
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)						
No Change Length of Teet	Tubing Pressure	Casing Pressure	Choke Size						
Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gas - MCF						
gas well			·						
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate						
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Chake Size						
ERTIFICATE OF COMPLIA	ANCE	OIL CONSERV	ATION COMMISSION						

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Orlg Supt (Title)

(Dute)

SUPERVISOR, DISTRICT II TITLE .

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 I, 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 pleted wells.