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OPERATOR		1		
PRORATION OFFICE				

Accountant I

December 5, 1975

(Title)

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	LAND OFFICE OIL	DEC 8 1975				
	IRANSPORTER GAS 2					
	OPERATOR /					
1.	PRORATION OFFICE					
	Operator Atlantic Richfield Com	many -		D. C. C.		
	ARTESIA, OFFICE P. O. Box 1710, Hobbs, New Mexico 88240					
	Reason(s) for filing (Check proper box)		Other (Please explain)			
	New Well	Change in Transporter of:	offortive 12/1/7	on of tank battery		
	Recompletion Change to Ownership	Oil Dry Gas	· L			
	Change in Ownership If change of ownership give name	Casinghead Gas Conden	sate [] []] [] [] [] []	Carlotte I.		
	and address of previous owner					
II.	II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease					
	Empire Abo Unit "E"	37 Empire Abo	State, Federa	orFee State B-11593		
	Location					
	_	Feet From The West Line		The North		
	Line of Section 35 Town	mahip 175 Range 2	28Е , имрм,	Eddy County		
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S			
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approx			
	Amoco Pipeline Company Name of Authorized Transporter of Case	Inghead Gas X or Dry Gas	2300 Continental Bk. B			
	Amoco Production Company Phillips Petroleum Comp	ly Dinv	Address (Give address to which approx P. O. Box 367, Andrews, Phillips Bldg 4th & Wa	TX, 79714 shington, Odessa, TX 797		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Age. P 26 17S 28E	Yes	Unknown		
IV.	If this production is commingled with COMPLETION DATA	that from any other lease or pool,				
	Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations		1	Depth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
		-				
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow		
	OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas li	fi, etc.)		
				Chaha Star		
	Length of Test	Tubing Pressure	Coming Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas • MCF		
		· L		1		
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIAN	ICATE OF COMPLIANCE OIL CONSERVATION COMMISSION		ATION COMMISSION		
			DEC 18	1975 		
	Commission have been complied w	eby certify that the rules and regulations of the Oil Conservation mission have been complied with and that the information given		25 0		
	above is true and complete to the	best of my knowledge and belief.	BY W. C. STRICT II			
			SUPERVISOR, DISTRICT IL			
	De Short	to I los el	This form is to be filed in compliance with RULE 1104.			

If this is a request for allowable for a newly drilled or despended 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 only Sections I. II. III, and VI 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 completed wells.