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DISTRIBUTION SANTA FE		1	NSERVATION COMM		C-104 and C-110
FILE U.S.G.S.				Effective 1-1-65	•
	OIL /	FEB 1 1 1971			
OPERATOR	3AS / 2)				
PRORATION OFFI	E	D. C. C.			
	oc Oil Co	orporation 🗸			
Accress P. (). Drawe:	r 831, Midland, Texas 7			
Reason(s) for filing (C	heck proper box	Change in Transporter of:	Other (Please explain)		_
New Well Recompletion		55 5.00 600	= 1 11 0	· 2. 0	
Change in Ownership		Casingheaa Gas Condens	from The Par	mean coy.	
If change of ownersh and address of previous	p give name aus owner				
DESCRIPTION OF	WELL AND	Y.C.A.S.S. Well No. Pool Name, Including For	rmation Kind of Le	ease	Lease No.
Lease Name Stat	e	2 Empire		leral or Fee State	B-4575
Location	. 36	50 Feet From The South Line	and 330 Feet Fro	om TheEast	
Unit Letter 1	,	ownship 17S Adme	28E , NMPM,	Eddy	County
Line of Section					
Name of Authorized	ransporter of O1 هـمک		Sr. Freeman Que		
Navajo Hipe	V_{ipe} C_{0}	, Pipeline Division asinghed Gas x or Dry Gas	P. O. Box 159, Art Address (Give address to which ap	cesia, New Mexic proved copy of this form is t	o be sent)
Phillips Pet		ompany	Bartlesville, Oklah Is gas actually connected?	oma	
	If well produces oil or liquids, P 28 17S 28E			Waiting on connection	
If this production is	commingled w	with that from any other lease or pool, a	give commingling order number		
V. COMPLETION DA		011011	New Well Workover Deepen	Plug Back Same Res	v. Diff. Resw
Designate Type	or Completi	Date Compl. Ready to Proc.	X Total Lepth	P.B.T.D.	
	14/7 0	1/12/71	6158'	Tubing Depth	•
Elevations (DF, RKB, RT, GR, etc., 3680 G. L.		Name of Producing Formation Abo	Top Oil/Gas Pay 5946'	580 7!	
Perforations		952' - 6032'		Depth Casin, See	
			CEMENTING BECORD	SACK 24	MENT
HOLE	IZE	8-5/8" casing	DEPTH SET	425 56 38	
7-7/8"		4-1/2" casing	6157'	500	i
1-1/0		2-3/8" O. D. tubing	5897'		
v. test data and	TEQUEST:	FOR ALLOWELLE (Test must be a	fter recovery of total volume of load pth or be for full 24 hours)	loil and must be equi	exceed top allow
OIL WELL Date First New Oil F	un To Tanks	Date of Test	Producing Method (Flow, pump, go		
1/8/7	'1	1/19/71	Pump	Choke Size	
Length of Test 24 he	ūrs	Tubing Pressure 25 PSI	25 PSI	Gas • MCF	j.
Actual Proof Surrey	Pout	011-5516. 190	Water-Bbis.	222 M	<u> </u>
,					
GAS WELL	₹ /D	Length of Toul	Bbls. Condensate/MMCF	Gravity of Conden.	
Testing Mc	Jack proj	Tubing Pressure (Shub-in)	Casing Pressure (Shut-in)	Choke Size	
			OIL CONSERVATION COMMISS		
vi. Certifical			10000150	3 1 1 19/1	
• • • • • • • • • • • • • • • • • • •		d regulations of the Oil Conservation with and that the information given	2108	hesset	
above is true and	complete to	the best of my knowledge and belief.	OIL AND	GAS INSPECTOR	
, ,	2 A	0.0	This form is to be filed	i in compliance with RUL	.E 1 05
1.11	_ la a	the	If this is a request for	allowable for a newly dri	lled as Leapene of Laviatio
Bras	•	ignature)	well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 17 All sections of this form must be filled out or allow		
Pres	ident	(Tirle)	All sections of this for able on new and recomplete	m must be imed out . so wells.	

2/11/71 (Date)

. owner, Fill out on's Sections I. M. III, and VI for well name or number, or transporter, or other such one Fill out on Sections I. II. III. and VI for well name or number, or transporter, or other such case.

Separate Forms C-104 must be filed for each completed wells.

multiply