	CISTRIBUTION	· · · · · · · · · · · · · · · · · · ·	ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-116
	FILE		AND NSPORT OIL AND NATURAL G	Effective 1-1-65
	LAND OFFICE	AUTHORIZATION TO TRA		
	TRANSPORTER GAS 2	_		ECEIVED
۱.	OPERATOR / / PRORATION OFFICE			MAR 1 4 1979
	Operator ARCO Oil and Gas Company - Division of Atlantic Richfield Company			O. C. C.
	Address P. O. Box 1710.	, Hobbs, New Mexico 8824(	)	ARTERIA, OFFICE
	Reason(s) for filing (Check proper box) New Well Change in Transporter of: Other (Please explain) Change in Operator Name			
	Recompletion Oil Dry Gas effective: 4-1-79 Change in Ownership Casinghead Gas Condensate			
j	change of ownership give name			
and address of previous owner				
L	DESCRIPTION OF WELL AND I Lease Name		ne, Including Formation	Kind of Lease
·	Empire Abo Unit 6	321 Empi	re Abo	State, Føderal or Fee State
	Unit Letter I : 1.55	C Feet From The South Line	e and <u>250</u> Feet From T	ne East
·	Line of Section 33, Tow	mship 175 Range	RSE, NMPM.	Eddy County
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
	Name of Authorized Transporter of Cil X or Condensate Address (Give address to which approved copy of this form is to be sent) Amoco Pipeline Company Ft. Worth, Texas 76102			
Name of Authorized Transporter of Casinghead Gas T or Dry Gas Address (Give address to which approved P.O. Drawer A, Levelland Phillips Petroleum Company 4001 Penbrook, Odessa, Te			d, Texas 79336	
•	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege.	Is gas actually connected? Whe	
If this production is commingled with that from any other lease or pool, give commingling order number: 7. COMPLETION DATA				
	Designate Type of Completio	n - (X)	New Well 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 Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations		L	Depth Casing Shoe
-	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
1.	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours) ate First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			
	No Change	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bhis.	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	Choke Size
Ł	CERTIFICATE OF COMPLIAN	CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION		
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19	
	<b>Commission have been complied with and that the information given</b> <b>above is true and complete to the best of my knowledge and belief.</b>		BYQ, CI, Xposset	
			TITLE SUPERVISOR, DISTRICT II	
	Denze 1. Rum		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 allow-	
	(Signo District Prod & Drlg Si	upt.		
<b>3</b> 8 79 (Title) (Date)			able 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 committed wells.	