	,		
CISTRIBUTION	A NEW MEXICO OU C	CONSERVATION COMMISSION	F C 104
SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11
FILE / /		AND	Effective 1-1-65
u.s.g.s.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	AS
LAND OFFICE			
TRANSPORTER GAS	_		RECEIVED
OPERATOR / PROPATION OFFICE	4	•	
Operator ARCO 011 and G	as Company -		- MAR 14 1979
	lantic Richfield Company		
Address			U. C. C.
	, Hobbs, New Mexico 8824	0	ARTESIA, OFFICE
Reason(s) for filing (Check proper box	•	Other (Please explain)	
New Well Recompletion	Change in Transporter of: Oil Dry Go	Change in Operato	
Change in Ownership	Casinghead Gas Conder	ETTECCTAGE #-T-/3	
If change of ownership give name	•		
and address of previous owner			
DESCRIPTION OF WELL AND	LEASE		• · · · · · · · · · · · · · · · · · · ·
Lease Name		me, Including Formation	Kind of Lease
Empire Abo Unit	37/ Empi	re Abo	State, Federal or Fee
Location	هد له		11.1
Unit Letter E; ada	O Feet From The North Lin	e and <u>25</u> Feet From Ti	west
Line of Section 35 , Tov	waship /75 Ronge	OSE NMPM	Eddy County
RESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA		
Name of Authorized Transporter of Cil		Address (Give address to which approve 2300 Continental National	d copy of this form is to be sent)
r. Amoco Pipeline Company	7	Ft. Worth. Texas 76102	it Bank Bidg.
Name of Authorized Transporter of Casinghead Gas 💢 or Dry Gas		Address (Give address to which approved copy of this form is to be sent) P.O. Drawer A, Levelland, Texas 79336	
Amoco Production Company Phillips Petroleum Company		4001 Penbrook, Odessa, Texas 79760	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs.	Is gas actually connected? When	· _ /
	, 7 , 7 , 20	yes	7-18-76
If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order number	
Designate Type of Completic	Oti Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Date Spudded			
	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.
No Change Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			
Periorations			Depth Cosing Shoe
	TUBING CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	1		
TEST DATA AND REQUEST FOOLL WELL		fter recovery of total volum <mark>e of load</mark> ail a pth or be for full 24 hours)	nd 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 Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbis.	Water-Bbis.	Gas - MCF
needs Free Daily 1 and	0	water - Bare.	GGS-MCF
 		-	
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubles Seesawa		
	Tubing Pressure	Casing Pressure	Choke Size
CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVAT	FION COMMISSION
		APR-1 7-197	* *
E hereby certify that the rules and r		APPROVED APR 1 / 13/	, 19
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY W.a. Dressett	
		SUPERVISOR, DISTRICT, II	
			INICI II
		TITLE TITLE	
11/2	7	This form is to be filed in co	ompliance with RULE 1104.
Denze V. Kras		This form is to be filed in co	

I.

W.

(Title)

(Date)

District Prod & Drlg Supt.

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

All sections of this form must be filled out completely for allowable on new and recompleted wells.