	CISTRIBUTION (NEW MEXICO OIL CO	DNSERVATION COMMISSION	Form C-104	
	SANTA FE	· REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-110	
	FILE / V	•	AND	Effective I-1-65	
	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	-	
	LAND OFFICE			ECEIVED	
	TRANSPORTER GAS		•	
			MAR 1 4 1979		
ř.	PRORATION OFFICE			MAIN 12	
	Operator ARCO Oil and Gas Company - Division of Atlantic Richfield Company			n C.C.	
	Address DIVISION OF ALL	antic kichilela Company		ARTESIA, OFFICE	
	P. O. Box 1710.	P. O. Box 1710, Hobbs, New Mexico 88240			
Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of:	Change in Operat		
	Recompletion	Oil Dry Gas	Ellective. 4-1-7	9	
	Change in Ownership	Casinghead Gas Condens	sate []		
	If change of ownership give name and address of previous owner				
Œ	DESCRIPTION OF WELL AND I	EASE			
	Lease Name		e, Including Formation	Kind of Lease State, Federal or Fee	
	Empire Abo Unit	35/ Empi	re Abo	side, Fadeta or Fas Zinace	
•		in lath	and 1650 Feet From 1	Ent	
	Unit Letter ; /85	Feet From The South Line	and 1650 Feet From "	,he	
•	Line of Section 34 , Tow	nship 175 Ronge	28E, NMPM.	Eddy County	
I.		ER OF OIL AND NATURAL GAS	S (and come of this form is to be sent)	
	Name of Authorized Transporter of Cil	•	Access (Give address to which approved copy of this form is to be sent) 2300 Continental National Bank Bldg.		
-	Amoco Pipeline Company Ft. Worth, Texas 76102 Name of Authorized Transporter of Casinghead Gas Y or Dry Gas Address (Give address to which approved copy of this form is to be sen				
	l Amoco Production Compa	Amoco Production Company . P.O. Drawer A, Levelland, Texas 79336		nd, Texas 79336	
	Phillips Petroleum Com	Unit Sec. Twp. Eqs.	Is gas actually connected? Who	10	
,	If well produces oil or liquids, give location of tanks.	F 34 17 28	Nes	6-13-77	
:	If this production is commingled wit	h that from any other lease or pool, a	rive commingling order number:		
	COMPLETION DATA ·		· · · · · · · · · · · · · · · · · · ·	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio	n - (X) Oil Well Gas Well	New Well Workover Deepen	Play Back Same ites v. Sim ites vi	
	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 Depth Casing Shoe				
-	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & LOUING CITE			
		1	<u> </u>		
r.	7. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)				
OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				ft, etc.)	
	No Change				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
			Wasse Bhi-	Gas • MCF	
	Actual Prod. During Test	Cil-Bhis.	Water - Bbls.	Gus-MCr	
	<u> </u>		<u> </u>		
	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	
			<u> </u>	ATION COMMISSION	
E	CERTIFICATE OF COMPLIAN	CE	- APR 1		
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		1) a Dressett		
	above is true and complete to the	e oest of my knowledge and beilel.	TITLE SUPERVISOR, DISTRICT II		
	- · · · · · · · · · · · · · · · · · · ·				
	$M \sim 12$	H ID'V		This form is to be filed in compliance with RULE 1104.	
٠	Denze V. Racks		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		
	(Sign	ature)	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.		
	District Prod & Drlg S	upt.			
	3 8 79 "	,			
		ate)			
			Separate Forms C-104 must be filed for each pool in multiply		