		_	
	**		
DISTRIBUTION			
SANTA FE		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-11
FILE	· REQUEST I	FOR ALLOWABLE	Effective 1-1-65
<u> </u>		AND	
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS
LAND OFFICE			
TRANSPORTER OIL			RECEIVED
GAS 7	-	•	CENEINED
OPERATOR /		•	
PROPATION OFFICE	0		MAR) 4 1979
ALCO OLL and Ga			. = = 1075
DIVISION OF ACT	antic Richfield Company		
	Halla Name Wand on 88246	,	ARTERIA, OFFICE
Reason(s) for filing (Check proper box)	Hobbs, New Mexico 88240	Other (Please explain)	THE STATE OF THE S
New Weil	Change in Transporter of:	1 ' '	W
Recompletion	Oil Dry Gas	Change in Operato	
		= ellective.	,
Change in Ownership	Casinghead Gas Condens	sate []	<u> </u>
If change of ownership give name			
and address of previous owner			
	•		
- DESCRIPTION OF WELL AND I			
Lease Name	201	ne, Including Formation	Kind of Lease
Empire Abo Unit	38 Empi	re Abo	State, Federal or Fee
Location	.1 .0		1) +
Unit Letter F : 190	O Feet From The NA Line	and 2260 Feet From T	he west
Line of Section 35, Tow	nship /75 Range	28E, NMPM,	Eddy County
			•
DESIGNATION OF TRANSPORT			· · · · · · · · · · · · · · · · · · ·
Name of Authorized Transporter of Cil	or Condensate	Address (Give address to which approv 2300 Continental Nation	ed copy of this form is to be sent) al Bank Bldg.
Amoco Pipeline Company	•	Ft. Worth. Texas 76102	
Name of Authorized Transporter of Cas. Amoco Production Compa	inghead Gas 🕎 or Dry Gas 🗔	Address (Give address to which approv P.O. Drawer A. Levelland	ed copy of this form is to be sent) d. Texas 79336
Phillips Petroleum Com	pany	4001 Penbrook, Odessa,	
If well produces oil or liquids,	Unit Sec. Twp. Rgs.	Is gas actually connected? Whe	
give location of tanks.	P 26 17 28	Yes	7-18-77
If this production is commingled with	h that from any other lease or pool,	give commingling order number:	
COMPLETION DATA .			
Designate Type of Completio		New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
Designate Type of Completto	$\mathbf{u} = (\mathbf{x})$	F	1
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
No Change			,
Fool	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
			1
TEST DATA AND DECKIEST FO	DATIOWARY TO THE TOTAL TO THE TAXABLE TO THE TAXABL	ten seemen of seed notions of land oil	and must be sound to an arrand to a all-
LITEST DATA AND REQUEST FO OIL WELL	able for this de	ter recovery of total volu me of lo ad oil o pth or be for full 24 hours;	me mes os evens to or exceet top Stlow
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	i, etc.)
No Change			
No Change Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	,	The state of the s	
Actual Prod. During Test	Oil-Bhls.	Water-Bbls.	Gas-MCF
Lamina Lines Smith 1491			
<u> </u>	L	<u> </u>	<u> </u>
GAC WELL			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
1			

Testing Method (pitot, back pr.)

LCERTIFICATE OF COMPLIANCE

District Prod & Drlg Supt.

Tubing Pressure

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Title)

OIL CONSERVATION COMMISSION

Choke Size

Casing Pressure

TITLE _

 Approved	APR 1 7 1979	19
BY	W.a. Dress	est
- · 	SUPERVISOR, DISTRICT	II

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 allowable on new and recompleted wells.

Fill out Sections L. 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