			-	_							
CISTRIBUTION			/								
SANTA FE		1			EXICO OIL CO			SSION		C-104	104 and C-11
FILE		1/2	7	·• ·	REQUEST	FOR ALL AND	OWABLE		Eilec	sedes Old C- tive 1-1-65	104 ana (-11
U.S.G.S.			AUT	HORIZATI	ON TO TRA		OIL AND N	ATURAL G	AS		
LAND OFFICE		,							• ••		
TRANSPORTER GA	_ +	2			-	•			Q E I	CEIV	ED
PRORATION OFFICE		\leftarrow	_			•	•				
		and G	as Compa	nv -					MA	R 14 19	79
			lantic R	-	Company						
Address	_					_				o. c. c	rice
P. O. Reason(s) for filing (Chec				New Mex	ico 88240	<u> </u>	Other (Please	evalaia)	AR	TESIA, DF	
New Well		per ou	•	in Transport	er of:			n Operati	or Name	•	
Recompletion			Oil		Dry Gas			e: 4-1-7			
Change in Ownership			Casing	head Gas	Conden			<u> </u>			
If chauge of ownership						•					
						•					
DESCRIPTION OF W	ELL	AND	LEASE	Well	No. Pool Nam	e, Includin	g Formation		Kind of Leas	•	,
Empire Abo Uni	it '	E"		35	Empi	re Abo	· · · · · · · · · · · · · · · · · · ·		State, Federa	l or Fee S	tate
Unit Letter B		6	/	From The M	noth, in	amd	2601	Feet From T	na Enst	<u>!</u>	
Cant Louisi	' ·	¥_									
Line of Section 34	<u> </u>	, То	wnship /7	<u>'S</u>	Ronge 2	8E	, NMPM,		Eddy		County
REGIONATION OF T	*** A N	CDOD	TED OF O	IT AND NA	TUDAT CA	8	Å.				
Name of Authorized Tran				Condensate			Give address to ontinenta	which approv	ed copy of this	form is to be	e sent)
. Amoco Pipeline	e Co	mpan	™			Ft. Wo	rth. Texa	s 76102			
Name of Authorized Tran Amoco Product: Phillips Petro	isporte	r of Comp	esinghead Gas	▼ or Dry	Gos	P.O. I	Give address to rawer A, enbrook,	Levellan	d. Texas	79336 79760	e sent)
If well produces oil or lie give location of tanks.				34 17	P.ge. 28		ually connected	17 Whe	m0 4 PF	7 5-25	-78
If this production is con	mmine	zled w	ith that from	any other le	ase or pool,		ingling order	umper			
COMPLETION DATA		` 		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Resty.
Designate Type o	f Cor	mpleti	ion — (X)	On wen	Gas wett	 	! ! 			Sum res-v.	1
Date Spudded			Date Compl	i. Ready to Pr	rod•	Total Dep	th		P.B.T.D.		
No Change		Name of Pr	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
									Don't Conta	Shoo	
Perforations		·	·•						Depth Casing	Sabe	
			T		CASING, AND	CEMENT					· · · · · · · · · · · · · · · · · · ·
HOLE SIZ	E		CASI	NG & TUBII	NG SIZE		DEPTH SE	<u> </u>	34	CKS CEMEN	4 1
· 					·						
						ļ		-	<u> </u>		-
TEST DATA AND RI	EQU	EST F	FOR ALLOV		Test must be af able for this de				and must be eq	ual to or exce	ted top allow
Date First New Oil Run	To To	nks	Date of Te	st .		Producing	Method (Flow,	pump, gas lij	i, etc.)		
No Change		Tuhing De-	Tubing Pressure			Casing Pressure			Choke Size		
r=udru at rasc		•	, and Pre	w		Jesuing Pi					
Actual Prod. During Tes	t		Oil-Bhla.			Water - Bb	ls.		Gas-MCF		• •
GAG BTC :			_1			• •			<u> </u>		· · · · · · · · · · · · · · · · · · ·
GAS WELL Actual Prod. Test-MCF.	/D		Length of	rest .		Bbls. Con	densate/MMCF		Gravity of C	ondensate	

L CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

I.

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.

Tubing Pressure

Denze V. Raks
(Signature)

(Date)

District Prod & Drlg Supt.

3 8 79 (Title)

well, this form m tests taken on the

Casing Pressure

APPROVED

TITLE .

This form is to be filed in compliance with RULE 1104.

OIL CONSERVATION COMMISSION

APR 1 6 1979

SUPERVISOR, DISTRICT, IL

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.

Choke Size

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.