	SANTA FE		ONSERVATION COMMISSION	Form C=104 Supersedes Old C=104 and C=111	
	FILE	KEWUE31 I	FOR ALLOWABLE	Effective 1-1-65	
	u.s.g.s.		AND		
	LAND OFFICE	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	AS	
	OIL /		· Em	the best box 1 st the top	
	TRANSPORTER GAS 2		₽€	RECEIVED	
	OPERATOR /	•			
	PROBATION OFFICE			MAR 1 4 1979	
1.	Operator ARCO Oil and Ga	s Company -			
		antic Richfield Company		000	
	Address	direct identificate company		ARTESIA, OFFICE	
	P. O. Box 1710	Hobbs New Mexico 88240)	aringia, or rioz	
	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 Operator Name				
	Recompletion	Oil Dry Gas	F		
Change in Ownership Casinghead Gas Condensate				<i>'</i>	
				·	
	If change of ownership give name	•			
	and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE					
	Lease Name		ne, Including Formation	Kind of Lease	
	Empire Abo Unit	321 Empi:	re Abo	State, Federal or Fee	
	Location				
	Unit Letter H : 16/0	Feet From The North Line	and 250 Feet From T	East	
	Unit Letter;;	reet From The 100 Co	dana		
	Line of Section 33 Tow	nahip 125 Ronge S	28E , NMPM	Eddy County	
Œ.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	s Arministra		
Name of Authorized Transporter of Cil or Condensate Address (Give address to which approved copy of this form is to be a 2300 Continental National Bank Bldg.				ed copy of this form is to be sent)	
	Amoco Pipeline Company Ft. Worth, Texas 76102				
	Name of Authorized Transporter of Cas	inghead Gas 🟋 or Dry Gas 🗔	Address (Give address to which approv	ed copy of this form is to be sent)	
-	Amoco Production Compa Phillips Petroleum Com	ny .	P.O. Drawer A, Levelland 4001 Penbrook, Odessa,	d, Texas 79336 Texas 79760	
		Unit Sec. Twp. E.ge.	Is gas actually connected? Whe		
	If well produces oil or liquids, give location of tanks.	K 33 10 28	lead	7-1-78	
	this production is commingled with that from any other lease or pool, give commangling order number:				
••		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completion	n - (X)			
	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		<u> </u>	Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			1		
*	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 a				
OIL WELL able for this depth or be for full 24 hows)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	i, etc.)	
	No Change		•		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Cil-Bbis.	Water-Bbis.	Gas-MCF	
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	ļ				
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
		·			
7	CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVA	TION COMMISSION	
		-	and the second s		
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED APR 1 7: 1979 , 19		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		a a Lussett		
			BY Ory you		
	_ -		TITLE SUPERVISOR, DISTRICT IL		
	Denge 1. Rocks		This form is to be filed in compliance with RULE 1104.		
	yearge 1. Know	Dlage !. Kroks		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	
	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	District Prod & Drlg Supt.		All sections of this form must be filled out completely for allow-		
	(Title)		able on new and recompleted wells.		
	3 8 79		Fill out Sections I, II, III,	Fill out Sections I, II, III, and VI only for changes of owner,	
	(Da	te)	well name or number, or transporter, or other such change of condition.		

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