	<del>/</del>		
CISTRIBUTION	NEW MEXICO OIL COI	NSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-11
FILE		AND	Effective 1-1-65
U.S.G.S.	1	SPORT OIL AND NATURAL GA	
LAND OFFICE	- AO MORIZATION TO TRAIN		
TRANSPORTER GAS 2	<del></del>	R	FOEIVED
OPERATOR /			MAR 14 1979
PRORATION OFFICE			"" 13/3
Operator ARCO 011 and	Gas Company -		
Division of A	Atlantic Richfield Company		O. C. C.
Address			TESIA, OFFICE
P. O. Box 17	10, Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper to		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	· · · · · · · · · · · · · · · · · · ·	Change in Operato	
		effective: 4-1-79	
Change in Ownership	Casinghead Gas Condense	te	<u> </u>
If change of ownership give name and address of previous owner		·	
DESCRIPTION OF WELL AN	D LEASE		
Lease Name	Well No. Pool Name	, Including Formation	Kind of Lease
Empire Abo Unit	322 Empire	e Abo	State, Federal or Fee
Location	1	·	
Unit Letter I ; a	350 Feet From The South Line of	and //OO Feet From Th	· East
Line of Section 33	Township 175 Range	28E , NMPM,	Eddy County
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GAS	A. Carlo	
Name of Authorized Transporter of	Oil 🔀 or Condensate 🗌 🛮 🖟	odress (Give address to which approve 2300 Continental Nationa	d copy of this form is to be sent) 1 Bank Bldg.
Amoco Pipeline Compa	iny	Ft. Worth, Texas 76102	
Name of Authorized Transporter of	Casinghead Gas 🔯 or Dry Gas 🚃 📑	ddress (Give address to which approve	d copy of this form is to be sent)

•	Amoco Production Comp Phillips Petroleum Co	any . mpany	P.O. Drawer A, Levelland, Texas 79336 4001 Penbrook, Odessa, Texas 79760				
÷	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 33 17 28	Is gas actually connected? Wh	7-9-78			
V.	If this production is commingled we COMPLETION DATA	-					
	Designate Type of Completi	on - (X) Oil Well Gas Well	New Weil Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
•	No Change	o_Change					
:	Pool	Name of Producing Formation	Top Oil/Gas Pay .	Tubing Depth			
	Perforations			Depth Casing Shoe			
		TUBING, CASING, A	ND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
				1			

(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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) No Change Length of Test Tubing Pressure Choke Size Casing Pressure Actual Prod. During Test Oil-Bhls. Gas-MCF

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	

APPROVED.

BY.

## L CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given

						knowledge	
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	1	7	/	C:			

(Title)

(Date)

District Prod & Drlg Supt

SUPERVISOR, DISTRICT H TITLE .

OIL CONSERVATION COMMISSION

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-X04 must be filed for each pool in multiply