	CISTRIBUTION (A	1	ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-11:	
	FILE / V	KEQUESI I	FOR ALLOWABLE AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURALE	AS en a ne en en	
	LAND OFFICE				
	TRANSPORTER OIL	<u> </u>			
	GAS 2				
	PROPATION OFFICE		•		
I.	Operator ARCO Oil and Gae Company -				
	Division of Atlantic Richfield Company				
	Address				
	P. O. Box 1710, Hobbs, New Mexico 88240  Reason(s) for filing (Check proper box)  Other (Please explain)				
	Recompletion  Change in Transporter of:  Change in Operator Name  effective: 4-1-79				
	Change in Ownership				
	If change of ownership give name and address of previous owner	•			
		•	•		
1.	DESCRIPTION OF WELL AND I		ne, Including Formation	Kind of Lease	
		1010		State, Federal or Fee	
	Empire Abo Unit	J/J  Emp1	re Abo	Stare	
•	Unit Letter J : 200	00 Feet From The South Line	and 2450 Feet From T	East	
	Cant Letter; GOO	Feet From The DOWO Line	and <u>A 100</u> rest From 1		
٠.	Line of Section 33 , Tow	mahip /75 Range	28E, NMPM.	Eddy County	
		<u> </u>			
I.		TER OF OIL AND NATURAL GAS	s / <sup>t</sup>		
	Name of Authorized Transporter of Cil	_ •	Address (Give address to which approved 2300 Continental Nation	al Bank Bldg.	
-,	Amoco Pipeline Company  Name of Authorized Transporter of Casinghead Gas 🔯 or Dry Gas 🦳		Ft. Worth, Texas 76102 Address (Give address to which approved copy of this form is 20 be sent)		
	Amoco Production Compa Phillips Petroleum Com	ny .	P.O. Drawer A, Levellan	d, Texas 79336	
	I	Unit , Sec. Twp. Ege.	4001 Penbrook, Odessa,		
	If well produces oil or liquids, give location of tanks.	K 33 12 28	Trea	8-23-78	
	If this production is commissionly with	h that from any other lease or pool,			
V.	COMPLETION DATA -	n that from any other lease or poor, p	give committeeing order intriber.		
	Designate Type of Completio	Cil Well Gas Well	New Weil Workover Deepen	Plug Back   Same Restv. Diff. Restv.	
	Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.	
	No Change	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	
r.	TEST DATA AND REQUEST FO	OR ALLOWARIE (Test must be at	ter recovery of total volume of load oil of	ind must be equal to or exceed top allow-	
•	OIL WELL		pth or be for full 24 hours)	me meet be equal to or exceed top disor-	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	t, etc.)	
	No Change				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bhis.	Water-Bbls.	Gas-MCF	
	•				
	<u> </u>		<del>.</del>	·	
	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	
_					
L	CERTIFICATE OF COMPLIANC	CE	OIL CONSERVATION COMMISSION		
	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.		APPROVEDAPR 1 2 1979		
			BY W. a. Gressett		
	<del>-</del> · · · · · · · · · · · · · · · · · · ·		TITLE SUPERVISOR, DISTRICT II		
			This form is to be filed in compliance with RULE 1104.		
٠	Denze 1. Rucks		If this is a request for allowable for a newly drilled or deepened		
	(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-		
	3 8 79 (Title)		able on new and recompleted wells.		
	(Date)		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.		
	100	/	ill in the second of the second port	· · · · · · · · · · · · · · · · · · ·	

Separate Forms C-104 must be filed for each pool in multiply