	<del></del> -	<del>~</del> .	
•			
DISTRIBUTION	-6		
SANTA FE	· ·	NEW MEXICO OIL CONSERVATION COMMISSION	
FILE	REQUI	· REQUEST FOR ALLOWABLE · AND	
U.S.G.S.	ALITHOPIZATION TO	TRANSPORT OIL AND NATU	DAL CAS
LAND OFFICE	AUTHORIZATION TO	TRANSPORT OIL AND NATO	RAL GAS
TRANSPORTER OIL			TCEIVED
GAS 2			
OPERATOR /	-	•	
PRORATION OFFICE			<u>₩2₹ 14, 1979</u>
4	Gas Company -		
Division of A	Atlantic Richfield Comp	any	0. C. C.
	IO Walka Nama Wandan O	8240	ARTESIA, OFFICE
Reason(s) for filing (Check proper b	10, Hobbs, New Mexico 8	0240 Other (Please expla	in)
New Well	Change in Transporter of:		perator Name
Recompletion	Oil D	effective:	
Change in Ownership	Casinghead Gas 🔲 C	ondensate	
If change of ownership give name and address of previous owner	•		
DESCRIPTION OF WELL AN			
Ledse Name	-	ol Name, Including Formation	Kind of Lease
Empire Abo Unit	<b>j</b> 333 i	Empire Abo	State, Federal or Fee
	100	1	, ) <del>/</del>
Unit Letter;;	00 Feet From The And	Line andF	t From The
Line of Section 34	Township /75 Range	28E, NMPM.	Eddy Count
Elife of Section (	Township / / O Hunde	COS , IVANIFIA	Eddy
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL	. GAS	
Name of Authorized Transporter of			h approved copy of this form is to be sent) ational Bank Bldg.
Amoco Pipeline Compa	ny	Ft. Worth, Texas	76102
Name of Authorized Transporter of Amoco Production Com	Casinghead Gas X er Dry Gas	Address (Give address to which	h approved copy of this form is to be sent) elland, Texas 79336
Phillips Petroleum C	ompany	4001 Penbrook, Ode	ssa, Texas 79760
'If well produces oil or liquids,	Unit Sec. Twp. Equ	1	When
give location of tanks.	F 34 17 2	8 yes	11-18-78
	with that from any other lease or p	oool, give complingling order numb	er
COMPLETION DATA	- Oil Well Gas We	eil New Well Workover Des	pen Plug Back   Same Res'v. Diff. Res
Designate Type of Comple	tion - (X)	1	
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
•	1		
Perforations			Depth Casing Shoe
		· -	
	TUBING, CASING,	AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
L			
- TEST DATA AND REQUEST		be after recovery of total volu <b>me of</b> in his depth or be for full 24 hours;	load oil and must be equal to or exceed top al
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump	o, gas lift, etc.)
No Change			
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
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
<u> </u>			
L CERTIFICATE OF COMPLIA	ANCE	i i	SERVATION COMMISSION
			PR 1 6 1979

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

SUPERVISOR, DISTRICT II

APPROVED.

TITLE .

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)

Prod & Drlg Supt.

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 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