٢.	Address	REQUEST AUTHORIZATION TO TR s Company - antic Richfield Company Hobbs, New Mexico 8824 Change in Transporter of:	40 Other (Please explain) Change in Opera	RECEIVED MAR 22 1979 D. C. C. ARTEBIA, OFFICE tor Name	
	Recompletion Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND L Lease Name Empire Abo Unit	FASE	ans, including Formation Dire Abo	79 Kind of Lease State, Federal or Fee State	
I.	Location Unit Letter N; 800 Feet From The South Line and /340 Feet From The Wist Line of Section 33, Township /7S Flange 28E, NMPM, Eddy County 1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil X or Condensate Address (Give address to which approved copy of this form is to be sent) 2300 Continental National Bank Bldg.				
	Amoco Pipeline Company Name of Authorized Transporter of Cass Amoco Production Compa Phillips Petroleum Com If well produces off or liquids, give location of tanks.	nghead Gas X or Dry Gas my ny upany Unit Sec. Twp. Pge. K 33 /7 28	Ft. Worth, Texas 761 Address (Give address to which appr P.O. Drawer A, Level) 4001 Penbrook, Odessa Is gas actually connected?	02 oved copy of this form is to be sent) and, Texas 79336	
	If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded No Change Pool Perforations	Oil Well Gas Well	, give commitging order number:	Plug Back Same Resty, Diff. Resty, P.B.T.D. Tubing Depth Depth Casing Snoe	
	HOLE SIZE	TUBING, CASING, AN CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT	
?.	TEST DATA AND REQUEST FO OIL WELL Date First New Cil Run To Tanks No Change Longth of Test		after recovery of total volume of load o depth or be for full 24 hours) Producing Method (Flow, pump, gas Casing Prossure	il and must be equal to or exceed top allow- lift, etc.) Choke Size	
	Actual Proa. During Test GAS WELL Actual Prod. Test-MCF/D	Oll-Bbls. Length of Test	Water-Bbls. Bbis. Condensate/MMCF	Gas-MCF Gravity of Condensate	
I.	Testing Method (pitot, back pr.) . CERTIFICATE OF COMPLIANO I hereby certify that the rules and r Commission have been complied w	egulations of the Oil Conservatio	APPROVED	Choke Size /ATION COMMISSION 1 7 1979 	
	District Prod & Drlg Supt. (Bote)		BY <u>SUPERVISOR</u> , DISTRICT II 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 allow- able on new and recompleted wells. Fill out Sections I, H. III, and VI only for changes of or dif- well name or number, or transporter, or other such change of construction		