NO. OF CLIFIES RECEIVED				
DISTRIBUTION SANTA FE		CONSERVATION COMMISSION	· Form C-104	
FILE /+	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-1	
U.S.G.S.		AND THE PART Effective 1-1-65		
	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL C	GAS	
TRANSPORTER GAS				
Operator ARCO Oil & Ga				
	tlantic Richfield Company	r		
Address	<u></u>			
P. O. Box 171	0, Hobbs, New Mexico 882	40		
Reason(s) for filing (Check proper b New Well	•	Other (Please explain)		
Recompletion	Change in Transporter of: Oil Dry G			
Change in Ownership				
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AN				
Lease Name Empire Abo Unit "F		ame, Including Formation	Kind of Lease State, Federal or Fee State	
Location	· · · · · · · · · · · · · · · · · · ·	·	State	
Unit Letter <b>F</b> ; <b>1</b>	450 Feet From The North Li	ne and Feet From 7	The West	
Line of Section 34 , 7	Cownship 17S Range	28Е , ММРМ,	Eddy County	
DESIGNATION OF TRANSPO	BTER OF OUL AND MATURAL O			
Name of Authorized Transporter of C	RTER OF OIL AND NATURAL GA	Address (Give address to which approv	ed copy of this form is to be sent)	
AMOCO Pipeline Co.		2300 Continental Nat'1	Bk Bldg, Ft. Worth, TX	
Name of Authorized Transporter of C AMOCO Production Co.	Casinghead Gas 🕱 or Dry Gas 🗌	Address (Give address to which approv	ed copy of this form is to be sent)	
Phillips Petroleum Co	· · · · · · · · · · · · · · · · · · ·	P. O. Drawer A, Levella 4001 Penbrook, Odessa,	Texas	
If well produces cil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en -	
give location of tanks.	F 34 17S 28E	Yes	5-3-79	
If this production is commingled v COMPLETION DATA	with that from any other lease or pool,	give commingling order number:		
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty	
Designate Type of Complet	x = (X)	x		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
3-31-79	5-3-79	6356'	6314'	
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Empire Abo Perforations	Abo Reef	6206'	6098'	
6206-6216'			Depth Casing Shoe	
0100 0110	TUBING CASING AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
11"	8-5/8" OD	780'	350	
7-7/8''	5-1/2" OD	6356'	1845	
· · · · · · · · · · · · · · · · · · ·	2-3/8' OD	6098'		
· · · · · · · · · · · · · · · · · · ·				
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oil a	and must be equal to or exceed top allow	
OIL WELL Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas lift	t etc.)	
5-3-79	5-8-79	Flow	,,	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 Hrs	120#	Pkr	48/64"	
Actual Prod. During Test	Cil-Bbls.	Water-Bbls.	Gas-MCF	
499 Bbls	499	0	252	
			COLN IN	
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	
· · · · · · ·		•••••••		
TIFICATE OF COMPLIA	NCE	OIL CONSERVA		
	l regulations of the Oil Conservation	APPROVED JUN 1 19	, 19	
n have been complied with and that the information given ue and complete to the best of my knowledge and belief.		By W. a. Lesset		
de and comptete (o ti	Jost of my knowledge and Denel.	BY		
		TITLESUPERVISOR, L	DISTRICT II	
Gignature) g. Supt. (Title)		This form is to be filed in c	ompliance 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.		
		able on new and recompleted wel	lls.	
			Date	
(Date)		11.	be filed for each need in multiply	

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