	2		-* \		
	INTA FE	REQUEST	OF DERIVATION CO SION FOR ALLOWABLE AND	Form C-104 Supersedes Ohi C-104 and C-110 Effective 1-1-65	
	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED (RANSPORTER OIL ]				
ä.	GAS ] OPERATOR ] PRORATION OFFICE			SEP 2 6 1973	
	Operator Atlantic Richfield Company				
	Address P. O. Box 1710, Hobbs, New Mexico 88240				
	Reason(s) for filing (Check proper box, New Well Recompletion Change in Ownership X	Change in Transporter of: OII Dry Gas Casinghead Gas Conden	Unit eff: 10 name from MA	/ Included in Empire Abo -1-73. Change in lease LCO F Federal #4.	
	If change of ownership give name and address of previous owner	AMOCO Production Compa	any P. O. Box 68, H	obbs, New Mexico	
17.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including Fo		Reduced to Dec	
	Empire Abo Unit J	18 Empire Abo		Federal Federal	
	Unit Letter F ; 2310	DFeet From The NorthLine	e and Feet	From The West	
	Line of Section 1 To	wnshtp 18S Bange	27Е , ММРМ,	Eddy County	
XII.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cal AMOCO Pipe Line Con Name of Authorized Transporter of Cal	npany	Address (Give address to which 2300 Continental B	approved copy of this form is to be sent; k.Bldg.,Ft.Worth,Tex. 76102 approved copy of this form is to be sent;	
	AMOCO Production C	ompany	P. O. Box 68, Hobbs	, New Mexico 88240	
	If well produces oll or liquids, give location of tanks,	Unit Sec. Twp. Pige. F 1 188 27E	is gas actually connected?	When 9-3-60	
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: <u>COMPLETION DATA</u> Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v				
	Designate Type of Completion		New Well Workover Deer		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations		<u></u>	Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
				······································	
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours)   Date First New Oil Run To Tanks Date of Test   Producing Method (Flow, pump, gas lift, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbis,	Wator-Bbi <b>a</b> ,	Gas - MCF	
	GAS WELL Actual Prod. Tost-MCF/D	Length of Test	Bbla. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Ccaing Pressure (Shut-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIANCE			ERVATION 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 beat of my knowledge and belief.		APPROVED SET 28 1973, 19		
			DY_ W. a. Aressent		
			TITLE OIL AND GAS INSPECTOR		
	N.L. Shackelford		This form is to be filed in compliance with RULE 1104. If this is a request for sllowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tosts 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.		
	Sr. Acctg. Clerk				
	9-26-73 (Title)				
			well name or number, or tro	Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	
			Serverts Forms C-104 must be filed for each pool in multiply		