DISTRIBUTE		te	
SANTA FE			
FILE	17	~	
u.s.g.s.			
LAND OFFICE	١,		
TRANSPORTER	OIL	1	
- THANGI GITTER	GAS		
OPERATOR	/		
PRORATION OF	/		

ľ.

Ē.

۲.

3-7-79

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

FILE			1				,	AND		_		Effecti	ive 1-1-65	
u.s.g.s.		ļ		AUT	HORIZAT	TION TO	TRA	NSPORT	OIL AN	D NA	TURAL C	AS		
LAND OFFICE		1												
TRANSPORTER	O1L GAS	5				•		•						
OPERATOR	·	1	-									Q F C	EIVED	
PRORATION OFF	ICE	1												
		s Compa antic R		ld Com			MAR 14 1979							
Address	SIUII	OL	ALI	antic R	<u>renrre</u>	ra com	pany					111111	<u> </u>	
				Hobbs,	New Me	exico (88240)				□.	C. C.	
Reason(s) for filing (Check p	roper	box)				Other (Ple	ease ex	plain)	ARTES	IA, OFFICE			
New Well	님			•	in Transpo 1	_	_				-	or Name		
Recompletion Change in Ownership				Oil Casing	l head Gas	=	Dry Gas Conden		effec	tive	: 4-1-7	9	• .	
If change of owners and address of prev						•	· · · · · · · · · · · · · · · · · · ·							
DESCRIPTION O	e wet	Y 41	NID T	EACE		,						:		
Lease Name	r_nel	<u>L A:</u>	— ·	<u>.ease</u>	We	ell No. P	ool Nan	ne, Includi	ng Formati	on	· · · · · · · · · · · · · · · · · · ·	Kind of Lease	10	1
Empire Abo				19	re Abo	·····			State, Federal	or Fee takers	<u>X</u>			
Unit Letter C	5	,	195	70 Feet F	From The	East	L	e and	1980	o .	Feet From 1	na Na	th	
	,	. •	•										24 (,	
Line of Section			Tow	nship	185	Rang	je d	27E	, NL	APM.		Eddy	Cour	aty
DESIGNATION O	F TRA	NSP	ORT	ER OF O	L AND N		L GA		Give addre	es to u	hick anno	ed conv of this	form is to be senti	
Amoco Pipel	ine C	amo!	any					Ft. W	orth. T	'exas	76102		form is to be sent).dg.	
Name of Authorized Transporter of Casinghead Gas 💟 or Dry Gas 🗔 Amoco Production Company .								P.O.	Drawer	A, L	evellan	d, Texas	form is to be sent) 79336	
Phillips Petroleum Company If well produces oil or liquids, Unit Sec. Twp. P.ge.							70.	Is gas actually connected? When AMO 9-3-6						,
give location of tank If this production is				that from		8 3	<u> </u>		year	· · · · · · · · · · · · ·	<u></u>	PP -	- Unknown	<u>u</u>
COMPLETION DA		uRrec	· · ·	i that from										
Designate Typ	e of C	ompl	etio	n - (X)	Oil Well	Gas V	Well	New Well	Workov	er	Deepen	Plug Back S	ame Restv. Diff. Re	es'v.
Date Spudded				Date Compi. Ready to Prod.			Total De	oth	L_		P.B.T.D.			
No Change				Name of Producing Formation			Top 0:1/	Gas Pav			Tubing Depth			
Perforations				**								Depth Casing	ihoe	
					TUBING,	, CASING	, AND	CEMEN.	TING REC	ORD		<u> </u>		
HOLE	SIZE			CASI	NG & TUB				DEPTH		 	SACI	KS CEMENT	
								<u> </u>						
TEST DATA AND	REQU	UES1	r Fo	R ALLOW	ABLE	(Test mus	t be af	ter recover	y of total v	olume	of load oil	and must be equa	il to or exceed top a	illow=
OIL WELL Date First New Oil F	Sun To T	anks		Date of Tes		able for t	this de		or full 24 ho		ump, gas lif	t eta l		
					•				1 100000 (1	tow, p		.,,		
No Change Length of Test				Tubing Pres	saure	Casing Pressure				Chcke Size	Choke Size			
Actual Prod. During	T			CII-Bbls.				Water-Bbls.				Caralics		
Actual Prod. During	1 63 (water-bi	11 5.			Gas-MCF		
G16 WP-											•	•		
GAS WELL Actual Prod. Test-M	CE/D			Length of T	'est			able C	dencet - 21	MCE		To 10		
riotaar riodi root-w	.C1 / D			Length of lest				Bbls. Condensate/MMCF				Gravity of Condensate		
Testing Method (pito	t, back	pr.)		Tubing Pressure				Casing Pressure			Choke Size			
CERTIFICATE O	F COM	PLI	ANC	E					OII	CO	VSERVA	TION COMM	USSION	نـــــ
								-			APR 0 9		7557514	
I hereby certify tha Commission have b	t the ru	les a	nd re	egulations of	of the Oil	Conserva	ation	APPR	OVED	11	an a	4	, 19	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					BY Wassett									
-						TITLE	SU	PERV	ISOR, DI	STRICT II				
101							Th	is form is	to be	filed in o	ompliance with	RULE 1104.		
Alonge 1. Kroks					If this is a request for allowable for a newly drilled or deepened									
(Signature) District Prod & Drlg Supt.							well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.							
(Title)							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