	5								
		REQUEST	FOR ALLOWABL	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65					
	AND								
W	IRANSPORTER GAS   OPERATOR I   EBORATION OFFICE		SEP 2 6 1973						
Þ.	Creation office								
	Address		ARTESIA, OFFICE						
	P. O. Box 171 Reason(s) for filing (Check proper box	0, Hobbs, New Mexico 882 /		Included in Empire Abo					
	New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gr Casinghead Gas Conde	Unit eff: 10-1- name from MAL	-73. Change in lease CO F Federal #8.					
	if change of ownership give name and address of previous owner	AMOCO Production Com	pany P. O. Box 68, Hol	obs, New Mexico					
33.	DESCRIPTION OF WELL AND LEASE								
	Empire Abo Unit I	Well No. Pool Nome, Including F 18 Empire Abo		ral or Fee Federal					
	Unit Letter <u>C</u> ; <u>6</u>	60 Feet From The North Lit	na and 1980 Feet From	The West					
	Line of Section 1 To	wnship 18S flange	27E , NMPM, Edd	ly County					
53 <b>1</b> .	DESIGNATION OF TRANSPOR	X of OIL AND NATURAL GA	13   Addreus (Give address to which app	roved copy of this form is to be sent)					
	AMOCO Pipe Line Co. Name of Authorized Transporter of Ca.	singhead Gas 🔯 – or Dry Gas 🗍	Address (Give address to which appr						
	AMOCO Production C If well produces oil or liquida,	Unit Sec. Twp, Pge,	P. O. Box 68, Hobbs, M Is gas actually connected?	New Mexico 88240 Then					
	give location of tanks.	F 1 18S 27E	yes	9-3-60					
IV.	COMPLETION DATA	th that from any other lease or pool, Gil Well Gas Well							
	Designate Type of Completion		New Weil Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.					
	Date Spudded	Date Compl. Ready to Frod.	Total Depth	P.B.T.D.					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth					
	Períorations			Depth Casing Shoe					
		TUBING, CASHIG, AN	D CEMENTING RECORD						
	HOLE SIZE	CASING & TULING SIZE	DEPTH SET	SACKS CEMENT					
v.	TEST DATA AND REQUEST FOR ALLOWARLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow ONE. WEXT.								
	OH. WELL 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 Teat	OII-Eble.	Water-Ebbla.	Gas-MCF					
	l	<u></u>	<u> </u>						
	GAS WELL Actual Prod. Test-MCF/D	Length of Tent	Billin, Condensate/MMCF	Gravity of Condensate					
	Testing Method (pitot, back pr.)	Tubing Pressure ( thui-in )	Casing Pressure (Shut-in)	Choke Size					
VI.	CERTIFICATE OF COMPLIAN		OIL CONSERVATION COMMISSION SEP 281973						
	I hereby certify that the rules and a Commission have been complied v above is true and complete to the	with and that the information given	BY W. a. Susset						
			TITLE OIL AND GAS INSPE						
	NO K	1.11.11	This form is to be filed in	compliance with RULE 1104.					
	A.L. Shine	All CAL	If this is a request for sllowable for a nowly drilled or despend well, this form must be accompanied by a tabulation of the deviation						
	Sr. Acctg. Clerk		tests taken on the woll in accordance with MULI 111. All sections of this form must be filled out completely for allow-						
	(Tiu 9-26-73	• • • /	ble on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owner,						
	(Da	(e)	well name or number, or transpo	rter, or other such change of condition.					

11	WOIL HAUE OF	number,	01 11 411	ayours		• • • • •					•••••
	Separate	Forma	C-104	must	be	filed	for	each	pool	in	multiply

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