CISTRIBUTION			1
SANTA FE		1	_9_
FILE		17	
U.S.G.S.		1	
LAND OFFICE			
TRANSPORTER	OIL	I	
	GAS	2	
OPERATOR			
PRORATION OFFICE			

Supersedes Old C-104 and C-110 Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED MAR 14 1979 Operator ARCO 011 and Gas Company -Division of Atlantic Richfield Company Address o. c. c. P. O. Box 1710, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) ARTESIA, OFFICE Other (Please explain) New Well Change in Operator Name Dry Gas Recompletion Oil effective: 4-1-79 Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner \_\_\_\_ P. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation 20 State, Federal or Fe Empire Abo Unit Empire Abo Location Feet From The North Line and 660 Unit Letter Feet From The 27ETownship Line of Section Range , NMPM. Eddy County E DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil 🔀 or Condensate Address (Give address to which approved copy of this form is to be sent)
2300 Continental National Bank Bldg. Amoco Pipeline Company
The of Authorized Transporter of Casinghead Gas Y
Amoco Production Company
Phillips Petroleum Company Worth, Texas 76102 Ft. Address (Give address to which approved copy of this form is to P.O. Drawer A, Levelland, Texas 79336 4001 Penbrook, Odessa, Texas 79760 of Dry Gas Is gas actually connected? P.ge. AMO--. 9-3-60 If well produces oil or liquids, give location of tanks. 27 18 PP -- Unknown If this production is commingled with that from any other lease or pool, give commingling order numbers COMPLETION DATA Same Res'v. Diff. Res'v. Gcs Well Workover Plug Back New Well Designate Type of Completion - (X) Date Soudded Date Compi. Ready to Prod. Total Depth P.B.T.D. No Change Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT . 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 allowable for this depth or be for full 24 hours) OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) No Change Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF **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 L CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION APR 0 9 1979 APPROVED BY SUPERVISOR, DISTRICT II

TITLE

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 best of my knowledge and belief.

(Title)

(Date)

District Prod & Drlg Supt.

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 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