1	neti i stati ja ja ja			Form C - 104
	ANTAFE	REQUEST F	FOR ALLOWABLL	Supersedes Old C-104 and C-110 Effective 1-1-65
	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
	TRANSPORTER OIL TRANSPORTER GAS 1			
4	OPERATOR PRORATION OFFICE	×		SEP 2 6 1973
	Operator Atlantic Rick	nfield Company		D. C. C.
	Address P. O. Box 1710, Hobbs, New Mexico 88240			
	Reason(s) for filing (Check proper box) Other (Please explain) Included in Empire Abo New Well Change In Transporter of:			
	Herew Heil Onl Dry Gas Unit eff: 10-1-73. Change in lease Fiecompletion Oil Dry Gas name from Malco R Federal #10. Change in Ownership X Casinghead Gas Condensate name from Malco R Federal #10.			
	If change of ownership give name and address of previous owner	AMOCO Production	Company P. O. Box 68, H	lobbs, New Mexico
¥ī	DESCRIPTION OF WELL AND LEASE			
	Lease Name Empire Abo Unit I	Well No. Pool Name, including Fo 17 Empire Abo		or Fee Federal
	Location Unit Letter; 646.91 Feet From TheNorth Line and 666.71 Feet From TheWest			
	-	nship 18S Hange	27E , NMPM, Edd	ly County
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil 💢 or Condensate 🔄 Address (Give address to which approved copy of this form is to be sent)			
	AMOCO Pipe Line Company		2300 Continental Bk.Bldg., Ft.Worth, Tex. 76102	
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be AMOCO Production Company P. O. Box 68, Hobbs, New Mexico 88240			
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected? Whe	
	give location of tanks. F 1 18S 27E yes 9-3-60 If this production is commingled with that from any other lease or pool, give commingling order number:			
	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completio	n - (X) Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Spudded	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)			Depth Casing Shoe
	Perforations			
		TUBING, CASING, AND	OCEMENTING RECORD	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE		
				· · · · · · · · · · · · · · · · · · ·
				i
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-Bbls.	Water-Bble.	Gas - MCF
	GAS WELL	Length of Test	Bbis, Condensate/MMCF	Gravity of Condensate
	Actual Prod. Test-MCF/D	Feudiu of Lear		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choko Sizo
VI	I hereby certify that the rules and regulations of the Oil Convervation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		OIL CONSERVATION COMMISSION	
			APPROVED SEP 2.8 1973	
			BY_ h.a. Sressett	
			TITLEOIL AND GAS INSPECTOR	
	D. L' Shackilford		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 toats taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- sble on new and recompleted wells. 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. Separate Forms C-104 must be filed for each pool in multiply	
	(Signature)			
	Sr. Acctg. Clerk (Title)			
	9-26-73 (Date)			