·	· ~		
,			
DISTRIBUTION		0.1650.1451.01.00.11.00.01.	
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-110
FILE	REQUEST FOR ALLOWABLE AND		Eliective 1-1-65
U.S.G.S.	AUTHORIZATION TO TOA	NSPORT OIL AND NATURAL G	A C
LAND OFFICE	AUTHORIZATION TO TRA	NSFORT OIL AND NATURAL G	A3
TRANSPORTER GAS 2		9 E	CEIVED
OPERATOR /			•
PRORATION OFFICE		41/	AR 14 1979
Operator ARCO Oil and Ga	as Company -	NV	W T 3 10.0
	Lantic Richfield Company		
Address		AR	TESIA, OFFICE
Reason(s) for filing (Check proper box)	, Hobbs, New Mexico 88240	Other (Please explain)	
New Well	Change in Transporter of:		Name
Recompletion	Oil Dry Gas	Change in Operator effective: 4-1-79	
Change in Ownership	Casinghead Gas Conden	Ellective: 4-1-7.	
			· · · · · · · · · · · · · · · · · · ·
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND			
Lease Name	Well No. Pool Nam	ne, Including Formation	Kind of Lease
Empire Abo Unit 7	// Empi	re Abo	State, Federal or Fee Leval
Location Unit Letter eta : 97	1.68 Feet From The North Line	and 1647.05 Feet From T	he East
2	vaship /8 S Range	27E NMPM.	Eddy County
		1	nady John,
Name of Authorized Transporter of Cil	CER OF OIL AND NATURAL GA	S Address (Give address to which approved 2300 Continental Nation	ed copy of this form is to be sent;
Amoco Pipeline Company		Ft. Worth. Texas 76102	ar bank brug.
Name of Authorized Transporter of Cas	singhead Gas 🔯 or Dry Gas 🗔	Address (Give address to which approv	ed copy of this form is to be sent)
Amoco Production Compa Phillips Petroleum Com	npany	P.O. Drawer A, Levelland 4001 Penbrook, Odessa,	Texas 79760
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connected? When	9-3-60
	th 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 Completion	on — (A)		! !
Date Spudded	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
	TIIBING CASING AND	CEMENTING RECORD	<u> </u>
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11.002 3122			
		<u> </u>	
TEST DATA AND REQUEST FO		fter recovery of total volume of load oil a pth or be for full 24 hours)	and must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	t, etc.)
No Change		·	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
· · · · · · · · · · · · · · · · · · ·		1	
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
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION APR 0 9 1979	
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED	_ <i></i>
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY W. a. Gressets	

District Prod & Drlg Supt.

(Title)

(Date)

This form is to be filed in compliance with RULE 1104.

TITLE SUPERVISOR, DISTRICT I

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.