	ANTA FE	in the second		CONCERVATION OF	ينينين د وليروو	ronner (114 Supersedes Oli	I C-104 and C-1	
				AND	514 TO 10 A 1	Effective 1-1-6		
	AND OFFICE	AUTIONIZATION TO TRANSPORT UIL AND NATURAL GAS						
	OPERATOR /						D	
1.	Operator SEP-2 6 1973							
	Atlantic Richfield Company							
	P. O. Box 1710, Hobbs, New Mexico 8							
	Reason(s) for filing (Check proper box) :Lew Well Change In Transporter of:			Other (Please explain) Included in Empire Abo				
	Hecompletion Oil Dry Gas Unit eff: 10-1-73. Change in lease Change in Ownership[X] Casinghead Gas Condensate Unit eff: 10-1-73. Change in lease							
	If change of ownership give name and address of previous owner	AMOCO Proc	duction (Company P. O. 1	Box 68, H	obbs, New Mexic	0	
11.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.							
	Empire Abo Unit L 9 Empire Abo			Earsa 1101				
	Location Unit Letter							
	Line of Section 3 Tov	vnship 185	Range	27E , NMPN	1,	Eddy	County	
III.	DESIGNATION OF TEANSPORT	CER OF OIL AND NA	TURAL GA	1.5				
	Name of Authorized Transporter of Oil AMOCO Pipe Line Comp	X or Condensate		Address (Give address		wed copy of this form is to	<i>,</i>	
	Name of Authorized Transporter of Casinghead Gas 🔀 or Dry Gas 🚞			2300 Continental Bk.Bldg., Ft.Worth, Tex. 76102 Address (Give address to which approved copy of this form is to be sent)				
	AMOCO Production Company			P. O. Box 68, Hobbs, New Mexico 88240				
	If well produces oil or liquids, give location of tanks.	M 3 18	4	yes		9-3-60		
	If this production is commingled with that from any other lease or pool, give commingling order number:							
	Designate Type of Completio	n = (X) Oil Well	Gas Well	New Well Workover	Deepen	Plug Back Same Res	v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Pr	od.	Total Depth	<u> </u>	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Forme	ation	Top Oil/Gas Pay		Tubing Depth		
					• • • • • • • • • • • • • • • • • • • 			
	Perforations Depth Casing Shoe							
	TUBING, CASING, AND HOLE SIZE CASING & TUBING SIZE			1				
	HOLE SIZE	CASING & TUBIN	IG SIZE	DEPTHS	ET	SACKS CEM	ENT	
		l	* * * * * ****	i		• • • • • • • • • • • • • • • • • • •		
	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 Bun To Tanks Date of Test Producing Method (Flow, pump, cas lift, etc.)							
	Date First New Oil Run To Tanks	Producing Method (Flow	v, pump, gas li	ft, eic.)				
	Length of Test	Tubing Pressure	ubing Pressure		· · · · · · · · · · · · · · · · · · ·	Choke Size		
	Actual Prod. During Test	Oil-Bbla.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Water - Bbis,		Gas-MCF		
ſ	GAS WELL Actual Prod. Test-MCF/D	Longth of Test		Bbls. Condensate/MMC		Gravity of Condensate	<u></u>	
					4			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-)	1A j	Casing Pressure (Shut		Choke Size		
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION					
	hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.			11/1 Anomata				
	above is true and complete to the	best of my knowledge	and belief.	BY				
	12 12 11 12 12 12			TITLE OIL AND GAS INSPECTOR				
_	A. 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				
-	(Signature)// Sr. Acctg. Clerk			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
-	(Title)			All soctions of this form must be filled out completely for sllow- able on new and recompleted wells.				
	<u>9-26-73</u> (Date)		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					
			i	il completed wells.				