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ı	DISTRIBUTION		T		NEW MEY	מכם מנו כ	ONSERVA	ATION COMM	SSION	Form C-104	
	SANTA FE	7			_	. <b></b>		LOWABLE	331014		ld C-104 and C-11
	FILE	i	1.		• • • • • • • • • • • • • • • • • • • •	LQUEST	AND	LOWABLE		Effective 1-1	
I	U.S.G.S.	1		ΔΗΤΗ	ORIZATION	N TO TRA		OII AND N	IATURAL GAS		
ı	LAND OFFICE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5111271101	10 110	11101 0111	OIL AND I			
I	IRANSPORTER OIL	17		RECEIVED							
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	OPERATOR								DEC 4	1975	
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ĺ	Operator										
	Atlantic Richfie	Compar	any O. C. C.								
Address ARTESIA, OFFICE											
P. O. Box 1710, Hobbs, New Mexico 88240											
	Reason(s) for filing (Check			<del> </del>				Other (Please	explain)		
New Well Change in Transporter of: Change in location of tank battery.								tery.			
Recompletion Dry Gas Effective: 11/01/75									•		
Change in Ownership Casinghead Gas Condensate Condensate											
	and address of previous o										
	DESCRIPTION OF WE				Pool Name	Including F	ormation		Kind of Lease		Jama No
	DESCRIPTION OF WE	LL A		Well No.	Pool Name,				Kind of Lease		Lease No.
	DESCRIPTION OF WE Lease Name Empire Abo Unit	LL A				Including F			Kind of Lease State, Federal or Fe	• Federal	Lease No. NM025604
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	DESCRIPTION OF WE Lease Name Empire Abo Unit Location	LL A	ND LE	Well No.  11  Feet Fro	Emp	pire Ab	0	1980 , NMPM	State, Federal or Fe	East	
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	DESCRIPTION OF WE Lease Name Empire Abo Unit Location Unit Letter	LL A	610	Well No.  11  Feet From	Empore Source So	pire Abuth Lir	27E	, имрм	State, Federal or Fe Feet From The Ed	East	NM025604
	DESCRIPTION OF WE Lease Name Empire Abo Unit Location Unit Letter  Line of Section 3	LL A	610 Townsh	Well No. 11 Feet From 18 R OF OIL	Empore Source So	pire Abouth Lir	27E	, имрм	State, Federal or Fe	East	NM025604
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	DESCRIPTION OF WE Lease Name Empire Abo Unit Location Unit Letter  Line of Section 3  DESIGNATION OF TR Name of Authorized Transp Amoco Pipeline C Name of Authorized Transp Phillips Petrole Amoco Production	ANSI orter compa	610  Townsh  PORTEI of Oil X any of Casing Company	Feet From the set of t	Empore The Source Sourc	pire Abouth Lir Range  CURAL GA	27E AS Address ( Address ( Address ( Philli P. O.	, NMPM Give address to the cont. Nat's Give address to ps Bldg., Box 367.	Feet From The  Feet From The  Ed  o which approved cop  1 Bk. Bldg., o which approved cop  4th & Wash., Andrews, TX  d? When	East  dy  y of this form is  Ft. Worth, y of this form is Odessa.	County  to be sent)  TX 76102 to be sent)
	DESCRIPTION OF WE Lease Name Empire Abo Unit Location Unit Letter  Line of Section 3  DESIGNATION OF TR Name of Authorized Transp Amoco Pipeline C Name of Authorized Transp Phillips Petrole Amoco Production If well produces oil or liquically give location of tanks.	ANSI orter compa o	610  Townsh  PORTEI  any of Casing Compan  npany	Well No.  11  Feet From the Seed Gas X Ny nit Seed M 3	Empore Source Source SS  AND NAT Condensate	pire Abouth Lir Range  CURAL GA  Gas [Rge.]  27E	27E AS Address ( Philli P. O. Is gas ac	, NMPM  Give address to the cont. Nat's  Give address to the cont.	Feet From The  Feet From The  Ed  o which approved cop  1 Bk. Bldg., o which approved cop  4th & Wash., Andrews, TX  ed?  When  09	East  dy  y of this form is  Ft. Worth, y of this form is Odessa, 79714	County  to be sent)  TX 76102 to be sent)
	DESCRIPTION OF WE Lease Name Empire Abo Unit Location Unit Letter  Line of Section  O DESIGNATION OF TR Name of Authorized Transp Amoco Pipeline O Name of Authorized Transp Phillips Petrole Amoco Production If well produces oil or liquid	ANSI orter compa o	610  Townsh  PORTEI  any of Casing Compan  npany	Well No.  11  Feet From the post of the po	Empore Source So	Range  CURAL GA  Rase  Rese.  27E  See or pool,	27E  Address ( Philli P. O. Is gas acc	, NMPM  Give address to the cont. Nat's  Give address to the ps Bldg., Box 367, the connected the co	Feet From The  Fed  o which approved cop  1 Bk. Bldg., o which approved cop  4th & Wash., Andrews, TX  d?  When  09  number:	East  dy  y of this form is  Ft. Worth, y of this form is  Odessa, 79714	County  to be sent)  TX 76102 to be sent)  TX 79760
	Lease Name Empire Abo Unit Location Unit Letter  Line of Section  O  DESIGNATION OF TR Name of Authorized Transp Amoco Pipeline O Name of Authorized Transp Phillips Petrole Amoco Production  If well produces oil or liquicative location of tanks.	ANSI orter compa	610  Townsh  PORTEI of Oil X  any of Casing Company United with t	Well No.  11  Feet From the Second Se	Emport The South SS S S S S S S S S S S S S S S S S S	pire Abouth Lir Range  CURAL GA  Gas [Rge.]  27E	27E AS Address ( Philli P. O. Is gas ac	, NMPM  Give address to the cont. Nat's  Give address to the ps Bldg., Box 367, the connected the co	Feet From The  Fed  o which approved cop  1 Bk. Bldg., o which approved cop  4th & Wash., Andrews, TX  d?  When  09  number:	East  dy  y of this form is  Ft. Worth, y of this form is  Odessa, 79714	County  to be sent)  TX 76102 to be sent)

Date Compl. Ready to Prod.

Name of Producing Formation

Date of Test

Oil-Bbls.

Tubing Pressure

Length of Test

Stackelford
(Signature)

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)

Tubing Pressure (Shut-in)

CASING & TUBING SIZE

Elevations (DF, RKB, RT, GR, etc.)

HOLE SIZE

Date First New Oil Run To Tanks

Actual Prod. During Test

Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

Accountant

December 1, 1975

V. TEST DATA AND REQUEST FOR ALLOWABLE

Perforations

OIL WELL

Length of Test

**GAS WELL** 

Total Depth

TUBING, CASING, AND CEMENTING RECORD

Top Oil/Gas Pay

Casing Pressure

Bbls. Condensate/MMCF

Casing Pressure (Shut-in)

Water - Bbls.

DEPTH SET

## C-104

OIL CONSERVATION COMMISSION

P.B.T.D.

Tubing Depth

Choke Size

Gas - MCF

Choke Size

Gravity of Condensate

Depth Casing Shoe

SACKS CEMENT

18 197.5 DEC SUPERVISOR, DISTRICT I

(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)

Producing Method (Flow, pump, gas lift, etc.)

TITLE .

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 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 completed wells.