DISTRIBUTIO	NC		le
SANTA FE	/		
FILE			1
u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL	7	
INANSFORTER	GAS	2	
OPERATOR		7	
PRORATION OF	7		
Operator ARCO	011	and	Ga

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

rorm C=104	
Supersedes Old C-104 and	C-110
Effective 1-1-65	•

	FILE //	. KEGOEST	AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS		
	LAND OFFICE	ASTRONIZATION TO TRA	HOLORY OF AND HATCKAE G	A3		
	TRANSPORTER OIL /		•			
	GAS 2			•		
	OPERATOR /			SECTIVED		
I.	PROBATION OFFICE			- T V E D		
	Operator ARCO Oil and Ga			Man		
		antic Richfield Company		MAR 1 4 1979		
	Address					
	P. O. Box 1710, Reason(s) for filing (Check proper box)	Hobbs, New Mexico 88240) (C) (C) (C)			
	New Well	Change in Transporter of:	Other (Please explain) RTESIA, OFFICE			
	Recompletion	Oil Dry Gas	Change in Operato	1		
	Change in Ownership	Casinghead Gas Conden	ELIECTIVE: 4-1-7.	,		
1						
	If change of ownership give name	•				
	and address of previous owner					
18.	DESCRIPTION OF WELL AND I	FASE		•		
,,,,,	Lease Name		e, Including Formation	Kind of Lease		
	Empire Abo Unit "K"	8 Empi	re Abo	State, Federal or Fee		
	Location	0 11				
	Unit Letter I : 163	50 Feet From The South Line	and 330 Feet From T	he East		
		_				
	Line of Section 4 , Tow	mship 185 Range 3	7E, NMPM.	Eddy County		
Œ.		TER OF OIL AND NATURAL GAS				
	Name of Authorized Transporter of Cil	or Condensate	Address (Give address to which approv 2300 Continental Nation:	ed copy of this form is to be sent)		
	Amoco Pipeline Company		Ft. Worth, Texas 76102			
	Name of Authorized Transporter of Cas Amoco Production Compa	inghead Gas 🕎 or Dry Gas 🗔	Address (Give address to which approved P.O. Drawer A, Levelland	ed copy of this form is to be sent) d. Texas 79336		
٠	Phillips Petroleum Com	pany	4001 Penbrook, Odessa,	Texas 79760		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	amoxpp		
	give location of tanks.	M 3 118 27	yes	9-3-60		
	If this production is commingled with	h that from any other lease or pool, a	give commingling order number:			
	COMPLETION DATA -					
	Designate Type of Completio	n - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
		<u> </u>	Grand David			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	No Change	Name of State of Stat	Top Oil/Gas Pay	Tubing Depth		
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
	Ferrorations					
		TURING CASING AND	CEMENTING RECORD	L		
	HOLE SIZE	TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT				
	11422 1123					
]		·		
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be at	ter recovery of total volume of load oil o	and must be equal to or exceed top allow-		
••	OIL WELL	able for this de	oth or be for full 24 hours;			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	i, etc.)		
	No Change					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bhis.	Water-Bbis.	Gas-MCF		
			<u> </u>	<u> </u>		
		•				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	Para Courage acted Mintol.	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
	testing Medica (proof, occ. proy	t ability Fieddania	Casing 1. cosas	3.020 3.20		
			011 001100011	TION COMMISSION		
1	CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVATION COMMISSION			
			APPROVED APR 6 - 1979 19 19			
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			11/0 /1	1100 9		
	ove is true and complete to the best of my knowledge and belief.					
•	- Gripphyson Diggs					
	TITLE SUPERVISOR DISTRICT H					
	\mathcal{A}	This form is to be filed in compliance with RULE 1104.				
(Signature) If this is a request for allow well, this form must be accompanied.			vable for a newly drilled or deepened			
11			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
District Prod & Drlg Supt.		All sections of this form must be filled out completely for allow-				
3-7-79 (Title)			able on new and recompleted wells.			
			Fill out Sections I, II, III, and VI only for changes of owner,			

(Date)

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