		~	
	•.		
DISTRIBUTION			
SANTA FE	7	ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-1
FILE	- KEQUESI	FOR ALLOWABLE AND	Effective 1-1-65
u.s.g.s.	ALITHODIZATION TO TRA		CAC
LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	GAS
OIL /	-		
TRANSPORTER GAS &	-		VED
OPERATOR /	1	•	RECEIVED
PROPATION OFFICE	-	•	
Operator ARCO 011 and G	as Company -		MAR 1 4 1979
	lantic Richfield Company		MIMIL
Address			200
P. O. Box 1710	, Hobbs, New Mexico 8824	0	U. W. OFFICE
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well	Change in Transporter of:	Change in Operat	tor Name
Recompletion	Oil Dry Ga	effective: 4-1-	79
Change in Ownership	Casinghead Gas Conder	ısate 🔲	<u> </u>
			. *
change of ownership give name nd address of previous owner	•	·	
address of previous owner		•	4
DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Na	me, Including Formation	Kind of Lease
Empire Abo Unit " \mathcal{P}''	6 Empi	re Abo	State, Federal or Fee Federal
Location	7	•	201
Unit Letter N ; 6	60 Feet From The South Lin	e and 1980 Feet From	The West
7	•		
Line of Section 7	waship 185 Range	37E , NMPM.	Eddy County
	TER OF OIL AND NATURAL GA	\S	
Name of Authorized Transporter of Ci	or Condensate	Address (Give address to which approximately 2300 Continental Natio	nal Bank Bldg.
Amoco Pipeline Compan	У	Ft. Worth, Texas 7610	2
Name of Authorized Transporter of Co Amoco Production Comp	singhed Gas 💟 or Dry Gas 🗔	Address (Give address to which appr P.O. Drawer A, Levella	nd. Texas /9336
Phillips Petroleum Co	mpany	4001 Penbrook, Odessa,	Texas 79760
If well produces oil or liquids,	Unit Sec. Twp. Rgs.	10 400 101-101	hen ABB 9-3-60
give location of tanks.	1 13 18 27	yes	PP 10-4-60
f this production is commingled w	ith 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 Complete		Mem Mett Motroset Deabert	Find Back Same res 1
		Transl Booth	P.B.T.D.
Date Spudded	Date Compi. Ready to Prod.	Total Depth	F.3.1.3.
No Change			. Tubing Depth
Pool	Name of Producing Formation	Top Oil/Gas Pay	. I mpirid pabini
		<u> </u>	Depth Casing Shoe
Perforations	•		Depth Cusing Show
		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<u> </u>		
TEST DATA AND REQUEST		ifter recovery of total volume of load of epth or be for full 24 hours;	il and must be equal to or exceed top allo
OIL WELL	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
Date First New Oil Run To Tanks	Date of 1436		
No Change	Tubing Breezes	Casing Pressure	Choke Size
Length of Test	Tubing Pressure	County Lineshine	
	Oil She	Water - Bbls.	Gas-MCF
Actual Prod. During Test	Oil-Bhis.	water - Duts.	
		1	
GAS WELL	I seek of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Pare Colmanagra MWCL	are and are administrating

Casing Pressure

APPROVED

TITLE .

L CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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.

(Date)

Tubing Pressure

District Prod & Drlg Supt.

3-7-79

I.

I.

₹.

(Title)

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.

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.

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

OIL CONSERVATION COMMISSION

SUPERVISOR, DISTRICT II

Supposts Forms P-that must be filled for each could in multiniv

Choke Size