	CISTRIBUTION / SANTA FE / FILE / /	··· REQUEST F	NSERVATION COMMISSION OR ALLOWABLE AND ISPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	IRANSPORTER OIL /			RECEIVED
¥.	OPERATOR / / PROPATION OFFICE		,	MAR 1 4 1979
	Cperator ARCO Oil and Ga Division of Atl. Address	s Company - antic Richfield Company		C. C. C.
	P. O. Box 1710, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) Other (Please explain)			
	New Well			
Change in Ownership Casinghead Gas Condensate				
If change of ownership give name and address of previous owner				
I.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Nam	e, Including Formation	Kind of Lease
	Empire Abo Unit "M"	9 Empir	re Abo	State, Federal or Fee Federal
		O Feet From The Morthuine	and <u>660</u> Foot From Th	ne
Line of Section 10, Township 185 Range 27E, NMPM, Eddy				Eddy County
f. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil S or Condensate 2300 Continental National Bank Bldg.				ed copy of this form is to be sent)
	Amoco Pipeline Company		2300 Continental National Bank Bldg. Ft. Worth, Texas 76102 Address (Give address to which approved copy of this form is to be sent)	
	Name of Authorized Transporter of Cas Amoco Production Compa Phillips Petroleum Com	nv .	P.O. Drawer A, Levelland 4001 Penbrook, Odessa,	f, Texas 79335 Fexas 79760
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. M 3 18 27	Is gas actually connected? When Ues AI	MOYPP 9-3-60
If this production is commingled with that from any other lease or pool, give commingling order number: . COMPLETION DATA Oil Weil Gcs Well New Well Workover Deepen Plug				Plug Back ¹ Same Restv. Diii. Restv.
	Designate Type of Completio	n - (X)		
	Date Spudded No Change	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations	······································	· · · · · · · · · · · · · · · · · · ·	Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		1		
1	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-			
•	OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours; Producing Method (Flow, pump, gas lif	
	No Change) 		Choke Size
	Length of Test	Tubing Pressure	Casing Pressure	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Ebls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
I	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	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.		APPROVED APR 9 -	· 1979 , 19
			BY_ W.a. Suesset	
	_		TITLE BUPERVISOR, DISTRICT I	
	Denne V. Ricks		This form is to be filed in compliance with RULE 1104.	
	(Signature) District Prod & Drlg Supt.		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 allow-	
	(Tiule)		able on new and recompleted wells.	
			well name or number, or transporter, or other such change of condition.	