	ANIAFE	- - .	5 				FOR ALLOWABLE				Form C-104 Supersedes Old C-104 and C-114 Effective 1-1-65			
	.S.G.S.	AUT	AUTHORIZATION TO TRA					OIL AND	NATUR	AL GA	.S			
	AND OFFICE									RE	RECEIVED			
	GAS COPERATOR							SEP 2 6 1 973						
ä.	PRORATION OFFICE	<u> </u>												
	Atlantic Richfi	eld Com	ipany	<u> </u>										
	Address P. O. Box 1710,	Hobbs,	New	Mex	ico	8824	0						:	
	Reason(s) for filing (Check proper box)				···		Other (Please explain) Included in Empire Abo							
	New Well	Chang Oil	e in Tro	insport	er ol:] J	Dry Go	Unit eff: 10-1-73. Change in lease name from MALCO G Federal #4.							
	Change in Ownership X	Casino	ipead C	as]	Conder	isate	name i	rom MA	LCO G	Federal #4]	
	If change of ownership give nome AMOCO Production Company P. O. Box 68, Hobbs, New Mexico and address of previous owner													
¥3.	DESCENTION OF WELL AND LEASE Lease Name Well No. Pool Mage, Including F							rmation Kind of Lease Leas					se No.	
	Empire Abo Unit N 9 Empire Abo						State, Federa			oderal o	il or Fee Federal			
	Location E 1880 North Unit Letter Feet From TheL							660			West			
	10		185				27E				dy			
	Line of Section Tow	mehip			i\a	nge		, NM7	⊃м,			C	County	
***.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL G Name of Authorized Transporter of OIL X or Condensate AMOCO Pipe Line Company						AS Address (Give address to which approved copy of this form is to be sent) 2300 Continental Bk.Bldg.,Ft. Worth,Tex. 76102							
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas AMOCO Production Company						Address (Give address to which approved copy of the P. O. Box 68, Hobbs, New Mexic						it)	
	if well produces of i or liquids,	Unit	Sec.	Twr	i	Rge.	Is gas a	tually conne		When				
	give location of tanks.		3			27E			ter number	···	9-3-60			
ï۷.	If this production is commingled wit COMPLETION DATA	h that from									Plug Back Same			
	Designate Type of Completion - (X)						New Wel	Workove	r Deepe	en 	Plug Back Same	Resivi Din	, nea.v.	
	Date Spudded	Date Compl. Ready to Prod.					Total Depth Top Ofi/Gas Pay			+- 	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation								Tubing Depth				
											Depth Casing Shoe			
	Perforations :											-		
							D CEMENTING RECORD				SACKS CEMENT			
		HOLE SIZE CASING & TUBING SIZE												
v.	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or able for this depth or be for full 24 hours)										or exceed to	op allow-		
	OHL WELZ Date First New Oil Run To Tanks	Date of Te	st				Producing Method (Flow, pump, gas lift, etc.)							
	Length of Test	Tubing Pressure					Casing i	Casing Pressure			Choke Size			
	Actual Prod. During Test	Oil-Bhis.	i-Bbis.					Water-Bbls.			Gas-MCF			
	I	<u> </u>									<u></u>			
	GAS WELL Actual Prod. Test-MCF/D	MCF/D Longth of Test						Bbis. Condensate/MMCF			Gravity of Condensate			
								Casing Pressure (Shut-in)						
	Testing Method (pitot, back pr.)	Tubing Pronouro (Shot-11.)					Casing 1	reasure (ba	we-16 j		Choke Size	_		
Vĭ.	. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given						OIL CONSERVATION COMMISSION SEP 281973							
							TIP Grenett							
	above is true and complete to the best of my knowledge and belief.					belief.	OIL AND GAS INSPECTOR							
							TITL							
	N.L. Shackilford						1 Y2	this is a r	equest for	allows	mpliance with F ble for a newly	drilled or de	aspened	
	(Signat 2)						If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.							
	Sr. Acctg. Clerk (Title)						All soctions of this form must be filled out completely for allow- able on new and recompleted wells.							
	9-26-73							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.						

(Date)

Separate Forms C-104 must be filed for each pool in multiply