| · · · · · · · · · · · · · · · · · · · | / | | |
|--|---------------------------------------|--|--|
| CISTRIBUTION 4 | | ONSERVATION COMMISSION | Form C. 104 |
| SANTA FE | | FOR ALLOWABLE | Form C-104 Supersedes Old C+104 and C+111 |
| FILE / V | | AND | Effective 1-1-65 |
| U.S.G.S. | AUTHORIZATION TO TRA | NSPORT OIL AND NATURAL G | AS |
| LAND OFFICE | | | |
| TRANSPORTER OIL | | | |
| GAS 2 | - | | RECEIVED |
| OPERATOR / | - | · · · | REDEITED |
| PRORATION OFFICE | i | ······ | |
| Operator ARCO 011 and G | | | MAR 1 4 1979 |
| Division of At | lantic Richfield Company | | |
| | | _ | O. C. C. |
| P. O. Box 1/10 Reason(s) for filing (Check proper box | , Hobbs, New Mexico 88240 | | ARTESIA, OFFICE |
| New Well | | Other (Please explain) | |
| | Change in Transporter of: | Change in Operato | 4 |
| | Oil Dry Ga | | 9 |
| Change in Ownership | Casinghead Gas Conden | sate | · |
| If change of ownership give name | • | | |
| and address of previous owner | | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| DESCRIPTION OF WELL AND Lease Name | | ne, including Formation | Kind of Lease |
| | 11/ | | State, Federal or Fee Fichs of |
| Empire Abo Unit "M" | | re Abo | Sidie, redendi cri ee Tuderal |
| A | 10 20.11 | | 1. Last |
| Unit Letter i (| 260 Feet From The North Lin | e and <u>1980</u> Feet From T | he |
| | vnship /85 Bange | 27E , NMPM. | Edde |
| Line of Section // , Toy | wiship 85 Range a | ZTE, NMPM, | Eddy County |
| DESIGNATION OF TRANSPORT | | C. | |
| Name of Authorized Transporter of Cil | TER OF OIL AND NATURAL GA | | ed copy of this form is to be sent) |
| • • | | Access (Give address to which approved copy of this form is to be sent) 2300 Continental National Bank Bldg. | |
| Amoco Pipeline Company Name of Authorized Transporter of Casinghead Gas [7] or Dry Gas | | Ft. Worth, Texas 76102 Address (Give address to which approved copy of this form is to be sent) | |
| Amoco Production Company . | | P.O. Drawer A, Levelland, Texas 79336 | |
| Phillips Petroleum Cor | Unit Sec. Twp. Pge. | 4001 Penbrook, Odessa, ' Is gas actually connected? Whe | ويجهد والقاربية المهرين بالرجوا الجمير بجريد بالمبري بريالهم فيرجون بأعف ستأسف مراشدها مستحد فالترجي |
| If well produces oil or liquids, give location of tanks. | onit sec. (wp. r.ge. | | moy PP 9-3-60 |
| | C // /8 2/ | yes | 10 4 PF 7-3-60 |
| | th that from any other lease or pool, | give commingling order number: | |
| COMPLETION DATA . | Oil Well Gas Well | | |
| Designate Type of Completio | on - (X) | New Well Workover Deepen | Plug Back Same Res'v. Diif. Res'v. |
| | | Total Doubh | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| No Change | | The Old One Day | 7 Vice Deut |
| Pool | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| | · · · · · · · · · · · · · · · · · · · | 1 | |
| Perforations | | | Depth Casing Shoe |
| | | | |
| | | CEMENTING RECORD | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |
| ······································ | | j | |
| | | <u>i</u> | L |
| TEST DATA AND REQUEST F | | | ind must be equal to or exceed top allow- |
| OIL WELL | | pth or be for full 24 hours; | |
| Date First New Oll Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift | t, etc.) |
| No Change | | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| | | | |
| Actual Prod. During Test | Cil-Bhis. | Water-Bbls. | Gas - MCF |
| | | 1 | <u> </u> |
| | | | |
| GAS WELL | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | Choke Size |
| | · · · · · · · · · · · · · · · · · · · | | |
| CERTIFICATE OF COMPLIAN | CE | OIL CONSERVA | TION COMMISSION |
| | | | |
| T berehv certify that the rules and | regulations of the Oil Conservation | APPROVED APR 9 - 1 | 979, 19 |
| 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. | | 1 P Annat | |
| | | BYQQQQQQQ | |
| - | | TITLE SUPERVISOR, L | DISTRICT U |
| | | | |
| Dearge 1. Kroks | | 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 | |
| (Signature) | | 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- | |
| $7 - 7 - 7 \hat{G}^{(Title)}$ | | able on new and recompleted wells. | |
| 3-7-79 | | 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. | |
| | ue) | | |

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