ANTA FE		FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65
AND OFFICE		NOP OR FOIL AND NATUR	RECEIVED
OPERATOR I PRORATION OFFICE			SEP 2 6 1973
Cperator Atlantic Richfi	eld Company	······································	
Address			O. C. C.
P. O, BOX 1710, Reason(s) for filing (Check proper box	Hobbs, New Mexico 88240	Other (Please explain	¹⁷ Included in Empire Abo
New Well Recompletion Change in Ownership	Change in Transporter of: Ou Dry Ga Casinghead Gas Conden	name from MA	0-1-73. Change in lease MLCO B Federal #2.
If change of ownership give name and address of previous owner	AMOCO PRODUCTION COMPA	NY P.O. Box 68, Ho	obbs, New Mexico
DESCRIPTION OF WELL AND	LEASE Well No.: Pool Name, Including Fo	ormation Kind of	Lease Lease No.
Empire Abo Unit M	13 Empire Abo	State, 1	Federal or Fee Federal
Unit Letter;66	0 Feet From The North Lin	e and Feet	From The
Line of Section 11 To	wnship 185 Range	27Е , ММРМ,	Eddy County
Name of Authorized Transporter of Ci AMOCO Pipe Line Comp	pany	Address (Give address to which 2300 Continental Bl	approved copy of this form is to be sent) c. Bldg., Ft. Worth, Tex. 76102
Name of Authorized Transporter of Ca AMOCO Production Com			approved copy of this form is to be sent) 5, New Mexico 88240
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Eqs. C 11 188 27E	Is gas actually connected? Yes	When 9-3-60
If this production is commingled wincompletion DATA	th that from any other lease or pool,	give commingling order numbe	
Designate Type of Completi		New Well Workover Deer	ben Plug Back Same Res'v. Diff. Res'v.
Date Spuaded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations Depth Casing Shoe			Depth Casing Shoe
HOLESIZE	TUBING, CASING, AND	D CEMENTING RECORD	SACKS CEMENT
TEST DATA AND REQUEST F			ad 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 lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			Gas-MCF
Actual Prod. During Test	Oil-Bbia.	Water - Bbis.	Gua-Mor
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bols, Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shat-in)	Casing Pressure (Shut-in)	Choke Size
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 above is true and complete to the best of my knowledge and belief.		OIL CONSERVATION COMMISSION APPROVED	
		BY_ W. G. Sussett	
		TITLE OIL AND GAS INSPECTOR	
Net. Shackelford		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	
Sr. Acctg. Clerk		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-	
(Title) 9-26-73		able on new and recompleted wells. Fitt out only Sections I. H. HI. and VI for changes of owner,	
(Date)		well name or number, or transporter, or other such change of condition.	

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