| ANTAFE  <br>ILE  <br>S.G.S.  | 1   | FOR ALLOWABLE<br>AND<br>NSPORT OIL AND NATURAL GA   | Supersedes Old C-104 and C-116<br>Effective 1-1-65 |
|--|---|---|--|
| AND OFFICE   |   | R   | ECEIVED  |
| IRANSPORTER OIL /<br>GAS /<br>OPERATOR   |   |   | SEP 2 6 1973                                       |
| PRORATION OFFICE   |   |   | ······································             |
| Operator<br>Atlantic Richfie   | eld Company 🖌   |   | D. C. C.   |
| Address  |   |   |  |
| P. O. BOX 1710,<br>Reason(s) for filing (Check proper box)   | Hobbs, New Mexico 88240                                       | Other (Please explain) Inc  | luded in Empire Abo                                |
| New Well Recompletion  | Change in Transporter of:<br>Oil Dry Gas                      |   | 73. Change in lease                                |
| Change in Ownership[X]   | Casinghead Gas Conden   | name from MALCO   | J Federal #1.                                      |
| If change of ownership give name   | AMOCO Procuction Company                                      | P. O. Box 68, Hobbs, Ne   | ew Mexico  |
| and address of previous owner  |   |   | · · · · · · · · · · · · · · · · · · ·              |
| DESCRIPTION OF WELL AND I<br>Lease Name  | Veli No. Pool Name, Including Fo                              | Frination Kind of Lease   | Lease No.  |
| Empire Abo Unit M  | 16 Empire Abo   | State, Føderal  | or Fee Federal                                     |
| Location   | Feet From The North Line                                      | and 653.07 Feet From Th   | e East   |
|  |   |   | ddy County   |
| Line of Section 11 Tov   | vnship <u>18S</u> iBange                                      | 27E , NMPM, E   | edg county   |
| DESIGNATION OF TRANSPORT<br>Name of Authorized Transporter of Oil  | TER OF OIL AND NATURAL GA           [X]         or Condensate | Address (Give address to which approve  |  |
|  | AMOCO Pipe Line Company 2300 Continental Bk.BJ                |   | g., Ft.Worth, Tex. 76102                           |
| Name of Authorized Transporter of Car<br>AMOCO Production Com  |   | P.O. Box 68, Hobbs, N   | ew Mexico 88240                                    |
| If well produces oil or liquids,<br>give location of tanks.  | Unit Sec. Twp. Ege.<br>C 11 18S 27E                           | Is gas actually connected? When<br>Yes  | 9-3-60   |
|  | th that from any other lease or pool,                         | give commingling order number:  | ·  |
| COMPLETION DATA<br>Designate Type of Completic   | Oll Well Gas Well   | New Well Workover Deepen  | Plug Back Same Res'v. Diff. Res'v.                 |
| Date Spudded   | Date Compl. Ready to Fred.                                    | 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                                  |
|  |   |   |  |
| HOLE SIZE  | CASING & TUBING SIZE  | DEPTH SET   | SACKS CEMENT                                       |
|  |   |   |  |
|  |   |   |  |
| TEST DATA AND REQUEST F  | OT ALL OWARTE Test must be at                                 | fter recovery of total volume of load oil a   | nd must be equal to or exceed top allow-           |
| OIL WELL   |   | pth or be for full 24 hours)<br>Producing Method (Flow, pump, gas lift,   |  |
| Date First New Oil Run To Tanks  |   | Producing Method (r tow, panip, gas of  |  |
| Length of Test   | Tubing Pressure   | Caning Pressure   | Choke Size   |
| Actual Prod, During Test   | Oil - Bbis.   | Water-Bble.   | Gas-MCF  |
|  |   |   |  |
| GAS WELL   |   | Dula Gardenada AAACE  | Gravity of Condensate                              |
| Actual Prod. Test-MCF/D  | Longth of Tont  | Bbls. Condensate/MMCF   |  |
| Testing Method (pitot, back pr.)   | Tubing Pressure (Shut-in )                                    | Casing Pressure (Shut-in)   | Choke Size   |
| CERTIFICATE OF COMPLIAN  | CE  | 13  | TION COMMISSION                                    |
| I hereby certify that the rules and regulations of the Oil Conservation<br>Commission have been complied with and that the information given<br>above is true and complete to the beat of my knowledge and belief. |   | APPROVED SEP 28 1973 . 19   |  |
|  |   |   |  |
|  |   |   |  |
| A.L. Shackelford   |   | If this is a request for allowable for a newly drilled or deepened<br>well this form must be accompanied by a tabulation of the deviation |  |
| (Signatury)<br>Sr. Acctg. Clerk  |   | tests taken on the well in accordance with RULE 111.<br>All sections of this form must be filled out completely for allow                 |  |
| (Title)  |   | able on new and recompleted wells.  |  |
|  |   | Fill out only Sections I, II, III, and VI for changes of owner<br>well name or number, or transporter, or other such change of condition  |  |
|  |   | Separate Forms C-104 must be filed for each pool in multiply  |  |