	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104					
	SANTA FE	· REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110					
	FILE	1	AND	. Effective 1-1-65					
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	SAS					
	LAND OFFICE								
	TRANSPORTER OIL			RECEIVED					
	GAS 2		(>0)						
	OPERATOR /	] /		MAR 14 1979					
I.	PRORATION OFFICE	7	•	MAK 14 13/3					
	Operator ARCO 011 and Gas Company -V								
	Division of At	lantic Richfield Company		1. C. L.					
	Address ARTESIA, OFFICE			ARTESIA, OFFICE					
ĺ	P. O. Box 1710, Hobbs, New Mexico 88240								
	eason(s) for filing (Check proper box)  Other (Please explain)								
	New Well Change in Transporter of: Change in Operator Nam			or Name					
	Recompletion	Oil Dry Ga		3					
	Change in Ownership	Casinghead Gas Conden	F-1						
	If change of ownership give name and address of previous owner	• •		•					
I.	DESCRIPTION OF WELL AND								
·	Lease Name	1 _ 1	me, Including Formation	Kind of Lease					
	Empire Abo Unit ()	9 Empi	re Abo	State, Federal or Fee Federal					
	Location	2 1							
	Unit Letter;33	D Feet From The North Line	• and Feet From '	The West					
	٠	(00	<b>.</b>						
	Line of Section /5 , To	waship 185 Range 2	27E , NMPM.	Eddy County					
L,	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA							
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro 2300 Continental Nation	ved copy of this form is to be sent)  121 Bank Bldg.					
: [	Amoco Pipeline Company	<u> </u>	Ft. Worth, Texas 76102	2					
	Name of Authorized Transporter of Cas		Address (Give address to which appro P.O. Drawer A, Levellar	ved copy of this form is to be sent)					
	Amoco Production Compa Phillips Petroleum Com	npany	4001 Penbrook, Odessa,	Texas 79760					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	•					
	give location of tanks.	C 1/1 18 27	nea !a	motpp 9-3-60					
	of this production is comminded wi	th that from any other lease or sool							
	COMPLETION DATA .	th that from any other lease or pool,	give comminging order number.						
	<del></del>	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.					
	Designate Type of Completic	$\operatorname{on} = (X)$							
٠	Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.					
	No Change	·							
	Pool .	Name of Producing Formation	Top Oil/Gas Pay .	Tubing Depth					
	·			·					
	Perforations	**	<del>de la companya di manggarangan da kanangan da kanangan da kanangan da kanangan da kanangan da kanangan da kana</del> Kanangan da kanangan da ka	Depth Casing Shoe					
	TUBING, CASING, AND CEMENTING RECORD								
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	· · · · · · · · · · · · · · · · · · ·								
			<del>                                      </del>						
F PROPERATE AND REQUEST FOR ATTOWARTS (Township)									
W. 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 at able for this depth or be for full 24 hours;									
i	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)					
	No Change								
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size					
	Actual Prod. During Test	Oil-Bhis.	Water-Bbis.	Gas-MCF					
	<u>-</u>								
•		<del></del>	* <del></del>	······································					
	GAS WELL								
١	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate					
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size					
¥	CERTIFICATE OF COMPLIAN	CF	011 001:555	TION COMMISSION					
<b>E-</b>	JESTIFICATE OF COMPENANCE		it	ATION COMMISSION					
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			APPROVED						
					BY W. C. Suissel				
			TITLE SUPERVISOR, DISTRICT II						
			TITLE SUPERVISOR, DISTRICT II						
			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 tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allowable on new and recompleted wells.  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.						
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