	L -1		
SANTA FE /		ONSERVATION COMMISSION	Form C-104
FILE	· REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
U.S.G.S.	AUTUODIZATION TO TO	AND	
LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL G	A5
OIL /	1		
TRANSPORTER GAS 2	1		RECEIVED
OPERATOR /		•	total C. Seed Seed 1
PROPATION OFFICE		•	4 4 1070
Operator ARCO 011 and G	as Company -		MAR 14 19/9
	lantic Richfield Company		•
Address			O. C. L.
	, Hobbs, New Mexico 8824	0	ARTESIA, OFFICE
Reason(s) for filing (Check proper box	,	Other (Please explain)	
New Weil	Change in Transporter of:	Change in Operat	
Recompletion	Oil Dry Gas effective: 4-1-79		9
Change in Ownership	Casinghead Gas Conder	nsate	<u> </u>
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND			
Lease Name	Well No. Pool No.	me, Including Formation	Kind of Lease
Empire Abo Unit 🗘	/ Empi	re Abo	State, Federal or Fee State
Location Unit Letter B;	330 Feet From The North Lin	e and <u>23/0</u> Feet From 1	no East
Line of Samuer //a	wnship 185 Range 2	7E, NMPM,	Eddy County
Line of Section /6 , To	waship / 83 Range &	/L , NMPM,	Eddy County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	·s	
Name of Authorized Transporter of Ci.		Address (Give address to which approved 2300 Continental Nation	ed copy of this form is to be sent;
Amoco Pipeline Compan		Ft. Worth. Texas 76102	
Name of Authorized Transporter of Ca	singhead Gas 🔯 or Dry Gas 🗔	Address (Give address to which approv	ed copy of this form is to be sent)
Amoco Production Comp Phillips Petroleum Co	any mpany	P.O. Drawer A, Levellan 4001 Penbrook, Odessa,	d, Texas 79336 Texas 79760
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 27	Is gas actually connected? Whe	mo + PP 10-13-60
	th that from any other lease or pool,	give commingling order number:	
COMPLETION DATA .	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completi	on – (A)	1	1
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
No Change			
Pcol	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	<u> </u>		Depth Casing Shoe
Perforations			Depth Casing shee
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow
OIL WELL		epth or be for full 24 hours;	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lip	i, etc.)
No Change	Tubing Pressure	1	Choke Size
Length of Test		Casing Pressure	Choze Size
Actual Prod. During Test	Table Presente		1
		Water - Abls.	Gas-MCF
Actual Flod. During 1 451	Oil-Bhis.	Water - Bbls.	Gas-MCF
Actual Prod. During 1451		Water - Bbls.	Gas-MCF
		Water - Bbls.	Gas-MCF
GAS WELL Actual Prod. Test-MCF/D		Water - Bbls. Bbls. Condensate/MMCF	Gas-MCF Gravity of Condensate
GAS WELL	Oil-Bble.		
GAS WELL	Oil-Bble.		
GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	Length of Test Tubing Pressure	Bbis. Condensate/MMCF Casing Pressure	Gravity of Condensate Choke Size
GAS WELL Actual Prod. Test-MCF/D	Length of Test Tubing Pressure	Bbis. Condensate/MMCF Casing Pressure	Gravity of Condensate
GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIAN	Length of Test Tubing Pressure	Bbis. Condensate/MMCF Casing Pressure OIL CONSERVA	Choke Size
GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIAN I hereby certify that the rules and	Length of Test Tubing Pressure	Bbls. Condensate/MMCF Casing Pressure OIL CONSERVA	Choke Size

District Prod & Drlg Supt.

3-1-79

(Title)

(Date)

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.

This form is to be filed in compliance with RULE 1104.

TITLE SUPERVISOR, DISTRICT IL