				N COMMISSION	Form C-104		
	SANTA FE		FOR ALLOW		Supersedes Old	C-104 and C-110	
	FILE /		AND		Effective 1-1-6	5 1	
U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					AS		
	TRANSPORTER OIL		•		9 F C E I	VED -	
	GA5					· · · · ·	
_	OPERATOR /			•	MADIA	107 <b>0</b>	
I.		erditor ARCO 011 and Gas Company -					
		Division of Atlantic Richfield Company					
	Address						
	P. O. Box 1710, Hobbs, New Mexico 88240					FICE	
	Reason(s) for filing (Check proper box)						
	New Well	Change in Operator Name					
	Recompletion	pletion 🗌 Oii 🗌 Dry Go					
	Change in Ownership	Casinghead Gas 📃 Conden	sate				
	If change of symmetry size same						
If change of ownership give name and address of previous owner							
· · ·							
I.	DESCRIPTION OF WELL AND LEASE Use State St						
	Lease Name			indtion .	Kind of Lease State, Federal or Fee	Z1. 0	
	Empire Abo Unit "K"	4 Empi	re Abo	·	State, rederat or ree	eanar	
÷.,	Location 4 1710 math 720 East						
	Unit Letter; <u>2310</u> Feet From The <u>Month</u> Line and <u>330</u> Feet From The <u>Cast</u>						
-	Line of Section /7 . Tow	nship 185 Range 2	75	, NMPM,	Eddy	County	
	Line of Section // , : ow	namp / / / / Runde 22		, INDE-M.	Budy		
¥:	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s	. •			
15	Name of Authorized Transporter of Cil		Address (Give	address to which approv	ed copy of this form is to	be sent)	
	Amoco Pipeline Company	Address (Give address to which approved copy of this form is to be sent) 2300 Continental National Bank Bldg. Ft. Worth, Texas 76102					
	Name of Authorized Transporter of Cas	inghead Gas 🔀 or Dry Gas 🔂	Address (Give address to which approved copy of this form is to be sent)				
	Amoco Production Compa Phillips Petroleum Com	ny . Dany	P.O. Drav 4001 Pen	wer A, Levellan brook, Odessa,	d, Texas 79336 Texas 79760		
	If well produces oil or liquids,	Unit Sec. Twp. Rgs.	Is gas actuall		1mo 5-1-6	/	
	give location of tanks.	F 6 18 28	ries		PP 3-10-6		
	f this production is commingled with that from any other lease or pool, give commingling order number:						
٧.	COMPLETION DATA ·						
	Designate Type of Completio	n - (X) Oil Well Gas Well	New Well	Vorkover Deepen	Plug Back Same Res	v. Diff. Resfy.	
		Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	Date Spudded	Sale comple heady to prod.					
	No Change	Name of Producing Formation	Top Oil/Gas I	 γαγ	Tubing Depth		
				•			
	riorations				Depth Casing Shoe		
			·				
		TUBING, CASING, AND	CEMENTING	RECORD	l		
	HOL'E SIZE	CASING & TUBING SIZE	5	EPTH SET	SACKS CEM	ENT	
			 	<u></u>			
		j	l	<u> </u>	i,		
K.	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)					xceed top allow-	
	OIL WELL Date First New Oil Run To Tanks	Date of Test		hod (Flow, pump, gas lif	ít, etc.)	1	
	No. Change						
	No Change Length of Test	Tubing Pressure	Casing Press	110	Choke Size		
			1				
	Actual Prod. During Test	Cil-Bbis.	Water - Bbls.		Gas-MCF		
					<u> </u>	j	
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condens	ate/MMCF	Gravity of Condensate		
			Carton David		Chaba Stan		
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Press	10	Choke Size		
~			l	AU AA.		ł	
L	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION				
	t barebu sentification the subscription of the Oil Original state		APPROVED APR 9 77 1979 19				
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		1. Alan TA				
	above is true and complete to the best of my knowledge and belief.		BY_ W.C. Messel				
	<b>-</b> -		TITLESUPERVISOR, DISTRICT IL				
•	Man IL		orm is to be filed in a				
	Cience Cience	well this	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				
	District Prod & Drlg S	tests taken on the well in accordance with RULE 111.					
	(Title)		All sections of this form must be filled out completely for allow-				
	[ 1 ***= /			able on new and recompleted wells.			

able 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.

<u>3-7-79</u>