ł		۹.		
	SANTA FE / / /	1	ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C=104 Supersedes Old C=104 and C=11 Elfoctive 1=1=65
	u.s.g.s.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS
	TRANSPORTER OIL /			RECEIVED
r.	OPERATOR / PRORATION OFFICE	/		MAR 14 1979
•	Operator ARCO Oil and Ga	- · ·		a. c. c.
	Address	lantic Richfield Company		ARTESIA, DFFICE
Ī		P. 0. Box 1710, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) Other (Please explain)		
	New Well	Change in Transporter of:	Change in Operat	
	Recompletion Change in Ownership	Oil Dry Ga Casinghead Gas Conden	ETTECCTAG. 4-T-	79
	If change of ownership give name	•		
	DESCRIPTION OF WELL AND I			
	Empire Abo Unit L		ne, Including Formation re Abo	Kind of Lease State, Federal or Fee
	Location Unit Letter V ; 955	94 Feet From The South Lin	e and 1750.62 Feet From	The West
	,		28E, NMPM.	Eddy County
*	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA		
•	Name of Authorized Transporter of Cil Amoco Pipeline Company	or Condensate	Address (Give address to which appro 2300 Continental Nation Ft. Worth, Texas 7610	
	Name of Authorized Transporter of Cas Amoco Production Compa Phillips Petroleum Com	inghead Gas 🔯 or Dry Gas 🗔 ny . ipany	Address (Give address to which appropriate P.O. Drawer A, Levellar 4001 Penbrook, Odessa,	wed copy of this form is to be sent) nd. Texas 79336
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs. F 6 18 28	Is gas actually connected? Wh	1960.
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:	
	Designate Type of Completio	n - (X) Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	No Change	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations "		1	Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SAÇKS CEMENT
/.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)		and must be equal to or exceed top allow-
Ī	OIL WELL able for this department of Tanks Date of Test		pth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)	
	No Change Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Bard Buston Took	CII-Bbis.	Water-Bbls.	Gas-MCF
	Actual Prod. During Test	On-Bbis.	water - BBIS.	Gas • MCF
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Ł	CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVATION COMMISSION	
	I hereby certify that the rules and r Commission have been complied w	egulations of the Oil Conservation with and that the information given	APPROVED BY 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	
	above is true and complete to the	best of my knowledge and belief.		
	<i>(</i> 1)	`		
	Dearge V. Roan			
District Prod & Drlg Supt. 3-7-79 (Date)			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. Separate Forms C-104 must be filed for each pool in multiply	