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CISTRIBUTION (	1	ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65
U.S.G.S.	AUTHODIZATION TO TRA	AND NSPORT OIL AND NATURAL G	
LAND OFFICE	AUTHORIZATION TO TRA	NO OR FOR AND NATURAL O	RECEIVED
FRANSPORTER GAS 2	-		MAR 14 1979
PRORATION OFFICE			
Operator ARCO Oil and G	as Company - lantic Richfield Company		O. C. C.
Address Address			
P. O. Box 1710 Reason(s) for filing (Check proper box	, Hobbs, New Mexico 88240	Other (Please explain)	
New Well	Change in Transporter of:	Change in Operat	or Name
Recompletion	Oil Dry Gas	F 1	l l
Change in Ownership	Casinghead Gas Conden	sate	· · · · · · · · · · · · · · · · · · ·
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	Well No. Pool Nan	ne, Including Formation	Kind of Lease
Empire Abo Unit	22 Empi	re Abo	State, Federal or Fee
_	2.38 Feet From The North Line	o and 2082_96 Feet From 1	no West
		28E, NMPM,	Eddy County
		_	
Name of Authorized Transporter of Cil \( \text{N} \) or Condensate \( \text{Address} \) Address (Give address to which approved copy of this form is to be sent) \( 2300 \) Continental National Bank Bldg.			
Amoco Pipeline Company Name of Authorized Transporter of Car	y singhad Gas 💟 or Dry Gas 🗔	Ft. Worth, Texas 76102 Address (Give address to which approx	ed copy of this form is to be sent;
Amoco Production Company .		P.O. Drawer A, Levelland, Texas 79336 4001 Penbrook, Odessa, Texas 79760	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	m AMO9-3-60
	th that from any other lease or pool,	give comming ing order number:	WASAGER C
COMPLETION DATA  Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.			
Designate Type of Completic		Total Depth	P.B.T.D.
No Change	Date Compl. Ready to Prod.	Total Deptil	F.B.11.5.
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST F		fter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top ailow-
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)
No Change		Cartan Barrana	Chcke Size
Length of Test	Tubing Pressure	Casing Pressure	CHOZE CIZE
Actual Prod. During Test	Cil-Bbls.	Water-Bbls.	Gas-MCF
		<u> </u>	_l.,
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test Mory to			
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
CERTIFICATE OF COMPLIANCE OIL CONSERVATION			
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED APR 1 9 1979  W. G. Stressett	
		BY W. G. Spressett	
- William and complete to the beat of my mornings and batter		· · · · · · · · · · · · · · · · · · ·	
		TITLE SUPERVISOR, DISTRICT II	
Denze V. Richs		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened	
	(Signature) well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.		

(Signature)

District Prod & Drlg Supt.

(Title)

(Date)

(Date)

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

All sections of this form must be filled out completely for allowable on new and recompleted wells.