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	ANTA FE		CONSERVATION CO SIGN Form FOR ALLOWABLE Super AND			C-104 and C-11(S	
	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
1.	GAS I OPERATOR I PRORATION OFFICE				SEP 2 6 1973		
	Operator Atlantic Richfield Company			O. C. C.			
	Address P. O. Box 1710, Hobbs,	ARTESIA, OFFICE					
	Reason(s) for filing (Check proper box)		Other (Pleas				
	New Well Flecompletion Change in Ownership	Change in Transporter of: Oll Dry Ga Casinghead Gas Conder	s 🗌 Change	ed in Emp in lease	ire Abo Unit ef name from Stat	e BB #4.	
	If change of ownership give name and address of previous owner	Franklin, Aston, and Fa	air, Inc., P. C	. Box 109	O, Roswell, N.M	4. 88201	
11.	DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease				o	Lease No.	
	Empire Abo Unit K 21 Empire Abo State, Federa			C + + + +			
	Unit Letter L ; 660 Feet From The West Line and 2219.18 Feet From The South						
	Line of Section 6 Tow	mshtp 18S Range	28E , NMP	м,	Eddy	County	
m.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
	Name of Authorized Transporter of Oll	Address (Give address to which approved copy of this form is to be sent) 2300 Continental Bk. Bldg.					
	AMOCO Pipe Line Company Name of Authorized Transporter of Casinghead Gas 😰 or Dry Gas 📋		Fort Worth, TX 76102 Address (Give address to which approved copy P. O. Box 68, Hobbs, N.M.				
	AMOCO Production Compa	Unit Sec. Twp. Rge.	Is gas actually connec		en		
	give location of tanks.	F 6 18S 28E	Yes		09/03/6	0	
IV.	If this production is commingled with that from any other lease or pool, give of . COMPLETION DATA			Deepen	Piug Back Same Res	ty. Diff. Repty.	
	Designate Type of Completio		New Well Workover		P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
	Perforations				Depth Casing Shoe		
	TUBING, CASING, AND HOLE SIZE CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
v.	TEST DATA AND REQUEST FO	DR ALLOWABLE (Test must be a	l iter recovery of total vol	ume of load oil	and must be equal to or e	xceed top allow-	
	Oll. WELL able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size		
	Actual Prod. During Test	Oll-Bbin,	Water-Bbla.		Gae - MCF	1	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MM		Gravity of Condensate		
				<u> </u>			
	Testing Method (pitot, back pr.)	Tubing Pressure (Sbat-in)	Casing Pressure (Shu	t-in)	Choke Size		
VI.	. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION SEP 28 1973				
	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, 19, 19				
	above is hus and complete to the	best of my knowledge and series	TITLE OIL AND	GAS INSPEC			
			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 allow- able on new and recompleted wells. Fill out only Sections I. H. III. and VI for changes of owner.				
	N. X. Shackelgord						
	Senior Accounting Clerk						
	(Title) September 26, 1973						
	(Date)		well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply				