	DISTRIBUTION (•	ONSERVATION COMMISSION	Form C-104
	FILE	. REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1. Effective 1-1-65
	u.s.g.s.	4.UTUODITA TION TO TO	AND	
	LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	
	TRANSPORTER GAS 2		•	RECEIVED
r.	OPERATOR / PRORATION OFFICE			MAR 14 1979
	Cpercior ARCO Oil and Ga			-
	Address	lantic Richfield Company		D. C. C.
	Reason(s) for filing (Check proper box	, Hobbs, New Mexico 88240		
	New Well		Other (Please explain)	·
		Change in Transporter of:	Change in Operato	
	Recompletion	OII Dry Ga	ETTECCTAGE 4-T-1.)
	Change in Ownership	Casinghead Gas Conden	sate	· .
	If change of ownership give name and address of previous owner			
H	DESCRIPTION OF WELL AND Lease Name		ne, including Formation	Kind of Lease
	Empire Abo Unit "M"	/52 Empi	re Abo	State, Federal or Fee Jedoral
	Location	60 Feet From The North Line	e and 2588 Feet From T	no East
	Line of Section // , Tov	waship 185 Range 2	7E , NMPM,	Eddy County
77	DESIGNATION OF TRANSPORT	PED OF OIL AND NAMED AT CA	8	
2 is	Name of Authorized Transporter of Oll Amoco Pipeline Company	 .•	Address (Give address to which approved 2300 Continental Nation: Ft. Worth, Texas 76102	ed copy of this form is to be sent) al Bank Bldg.
	Name of Authorized Transporter of Cas	singhead Gas V or Dry Gas	Address (Give address to which approv P.O. Drawer A, Levelland	ed copy of this form is to be sent) d. Texas 79336
	Amoco Production Compa Phillips Petroleum Com		4001 Penbrook, Odessa,	Texas 79760
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When	MONPA 9-19-78
	If this production is commingled wit	th that from any other lease or pool,		
Z.	COMPLETION DATA -	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Dili. Resty.
	Designate Type of Completic		1	1 Sant New York
	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
	Perforations	4		Depth Casing Shoe
			CEMENTING RECORD	T
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		<u> </u>		
		1	I	
r.	TEST DATA AND REQUEST FOOLL WELL	OR ALLOWABLE (Test must be a able for this de	ter recovery of total volume of load oil a pth or be for full 24 hours;	und must be equal to or exceed top allow
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	t, etc.)
	No Change Length of Test	Tubing Pressure	Casing Pressure	Choké Size
	Actual Prod. During Test	Cil-Bbls.	Water - Bbls.	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
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			1 (
E	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION
Æ			OIL CONSERVA APPROVED APR 9 - 19	
E	I hereby certify that the rules and Commission have been complied to	regulations of the Oil Conservation with and that the information given	APPROVED APR 9 - 15	
Æ	I hereby certify that the rules and Commission have been complied to	regulations of the Oil Conservation	ADD 0 - 10	gresset

District Prod & Drlg Supt.

(Title)

(Date)

3-7-79

All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out Sections 1, 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. 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.