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	CISTRIBUTION			10
	SANTA FE		/	
	FILE			1
	U.S.G.S.			
	TRANSPORTER	OIL	Z	
	TRANSPORTER	GAS	[2	
	OPERATOR			
t.	PRORATION OFFICE			
	Operator ARC	ator ARCO 011		
	Div	of	At:	
	Address			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL (GAS					
	LAND OFFICE								
	TRANSPORTER GAS 2			RECEIVED					
	PRORATION OFFICE		•	N. C. E. A. E. E.					
I.	Operator ARCO 011 and Ga			MAR 14 1979					
	Division of Atl	Division of Atlantic Richfield Company							
	P. O. Box 1710, Hobbs, New Mexico 88240 Other (Place are late) ARTERIA, OFFICE								
	Reason(s) for filing (Check proper box)		Other (Please explain)						
	New Well Change in Transporter of: Change in Operator Name Recompletion Dry Gas effective: 4-1-79								
Change in Ownership Casinghead Gas Condensate									
	If change of ownership give name								
and address of previous owner									
1. 	DESCRIPTION OF WELL AND I		ne, Including Formation	Kind of Lease					
	Empire Abo Unit 4 143 Empire Abo State, Federal or Fee								
	Location Unit Letter V: 120	O Feet From The South Line	e and 1900 Feet From	The West					
			~ - <i>C</i>						
,	Line of Section , Tow	nship 185 Range	27E, NMPM,	Eddy County					
I.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	ER OF OIL AND NATURAL GA or Condensate	S Address (Give address to which appro 2300 Continental Nation	ved copy of this form is to be sent)					
	Amoco Pipeline Company		Ft. Worth, Texas 76102	2					
•	Name of Authorized Transporter of Cas Amoco Production Compa	ny .	Address (Give address to which appro P.O. Drawer A, Levellar	nd, Texas 79336					
	Phillips Petroleum Com If well produces oil or liquids,	Unit Sec. Twp. Rge.	4001 Penbrook, Odessa, Is gas actually connected? Wh	en .					
1	give location of tanks.	F 2 18 27	Lyes :	12-20-78					
	COMPLETION DATA .	h that from any other lease or pool,							
	Designate Type of Completio	n — (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.					
	•	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	No Change	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
	Perforations	,		Depth Casing Shoe					
		TUDING CACING AND	A COUNTY OF A COUNTY						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
				<u> </u>					
F.	TEST DATA AND REQUEST FO		fter recovery of total volu <mark>me of load oil</mark> pth or be for full 24 hours;	and must be equal to or exceed top allow-					
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)									
	No Change Length of Test	Tubing Pressure	Casing Pressure	Choke Size					
	Actual Prod. During Test	Cii-Bbis.	Water-Bbis.	Gas-MCF					
	<u></u>								
	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					
& CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION						
			APPROVED APR 1 2 1979 19						
	I hereby certify that the rules and r Commission have been complied w	ith and that the information given	1. A Gressett						
above is true and complete to the best of my knowledge and belief.			TITLE SUPERVISOR, DISTRICT II						
		`/	TITLE SUPERVISOR, DISTRIBUTE SUPERVISOR, DISTRIBUTE 1104.						
Denze V. Kraks			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						
(Signature) District Prod & Drlg Supt.			tests taken on the well in accordance with RULE 111.						
(Title)			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