CISTRIBUTION SANTA FE / FILE / /		NSERVATION COMMISSION OR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL	GAS
TRANSPORTER OIL / GAS 2			RECEIVED
OPERATOR /		,	MAD 1 / 1979
Cperator ARCO Oil and Ga	s Company -		
	antic Richfield Company		والمراجعة والمراجعة
Address P. O. Port 1710	Hobbs, New Mexico 88240		KATELIN, DECIDE
P. U. BOX 1/10, Reason(s) for filing (Check proper box)	HOUDS, New HEATED 30240	Other (Please explain)	
New Well	Change in Transporter of:	Change in Opera	
Recompletion	Oil Dry Gas		79
Change in Ownership	Casinghead Gas Condens		
If change of ownership give name and address of previous owner		·	
I. DESCRIPTION OF WELL AND I	Weil No. Pool Nam	e, Including Formation	Kind of Lease 7 / A
Empire Abo Unit "K"		re Abo	State, Federal or Fee Fodoral
Location	O_Feet From The South Line	and 2/30 Feet From	The East
Unit Letter; <u>150</u>			
Line of Section , Tow	mship 185 Aange 2	7 <u>E</u> , NMPM,	Eddy County
L DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S	oved copy of this form is to be sent)
Name of Authorized Transporter of Cl.		Pt Worth Texas 761(oved copy of this form is to be sent) Dnal Bank Bldg. D2
Amoco Pipeline Company Name of Authorized Transporter of Cas	singhead Gas X^{i} of Dry Gas	Address (Give address to which appl P O Drawer A. Levella	and, Texas 79336
Amoco Production Compa Phillips Petroleum Com	npany	4001 Penbrook, Odessa,	/ben
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Les	Amoy PP 11-19-78
If this production is commingled with	th that from any other lease or pool, a	give commingling order number:	
COMPLETION DATA ·	Off Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
Designate Type of Completio	$\operatorname{on} - (X)$		
Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.
No Change	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			
		CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		· · · · · · · · · · · · · · · · · · ·	
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load (19th or be for full 24 hours)	oil and must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	; life, etc.)
No Change			Choke Size
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Cil-Bbls.	Water-Bbis.	Gcs-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
			VATION COMMISSION
CERTIFICATE OF COMPLIANCE			
	regulations of the Oil Conservation	APPROVED	19 1979 , 19
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		· · · · · · · · · · · · · · · · · · ·	
would to the and complete to th	he best of my knowledge and belief.		James
-	he best of my knowledge and belief.	TITLE SUPERVISOR,	DISTRICT 11 in compliance with RULE 1104.

Denne I. Ricks	
(Signature)	
District Prod & Drlg Supt.	
(Ticle)	
3-7-79	_
Datei	

6Y	W. a. Anisuto
TITLE _	SUPERVISOR, DISTRICT 11
This	form is to be filed in compliance with RULE 1104.
If th well, this	is is a request for allowable for a newly drilled or deepened s 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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition. 1