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CISTRIBUTION / SANTA FE / FILE /		CONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL GA	.S
TRANSPORTER OIL / GAS 2		•	RECEIVED
OPERATOR / PRORATION OFFICE			MAR 14 1979
Operator ARCO Oil and G Division of At	as Company - lantic Richfield Company	7	o. C. C.
Address P. O. Roy 1710	, Hobbs, New Mexico 8824	30	ARTESIA, OFFICE
Reason(s) for filing (Check proper box		Other (Please explain)	
Recompletion Change in Ownership	Oil Dry G	Change in Operato effective: 4-1-79	
If change of ownership give name and address of previous owner	•		
DESCRIPTION OF WELL AND		ame, Including Formation	Kind of Lease
Empire Abo Unit L	1 1		State, Federal or Fee
4.	O Feet From The South Li	ne and <u>2500</u> Feet From Th	East
Line of Section 2 , Tox	waship 185 Range	27E , NMPM,	Eddy County
DESIGNATION OF TRANSPORT			d copy of this form is to be sent)
Amoco Pipeline Company Ft. Worth, Texas 76102			
Amoco Production Company . P. Phillips Petroleum Company 40		Address (Give address to which approved copy of this form is to be sent) 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? When	12-4-78
If this production is commingled with COMPLETION DATA	th that from any other lease or pool	, give commingling order number:	
Designate Type of Completion	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
No Change	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	-		Depth Casing Shoe
		ID CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be	after recovery of total volume of load oil as	nd must be equal to or exceed top allow-
OIL WELL Date First New Oil Run To Tanks	able for this o	lepth or be for full 24 hours; Producing Method (Flow, pump, gas lift,	etc.)
No Change Length of Test	Tubing Pressure	Casing Pressure	Choke 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
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION APR 12 1979	
I hereby certify that the rules and Commission have been complied	regulations of the Oil Conservation with and that the information gives		ressett 19

(Signature)
District Prod & Drlg Supt

SUPERVISOR, DISTRICT IL TITLE .

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 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 ompleted wells.