	DISTRIBUTION SANTA FE	REQUEST F	NSERVATION COMMISSION OR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	U.S.G.S. LAND OFFICE OIL IRANSPORTER GAS I OPERATOR I	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GA	SEP 2 6 1973
ā.	Operator	1		D. G. C. ARTESIA OFFICE
	Atlantic Richfield Co	mpany /		
	P. O. Box 1710, Hobbs New Well Recompletion Change in Ownership if change of ownership give name	, New Mexico 88240 Change in Transporter of: Oil Dry Gas Casinghead Gas Condens	Change in lease na	Abo Unit eff:10/01/73. me from M.Yates B ARC#10
-	BANG Address of previous owner			
***	Lease Name	Well No. Pool Name, Including For	rmation Kind of Lease State, Federal c	Lease No.
	Empire Abo Unit F	32 Empire Abo		
	Unit Letter <u>H</u> ; 1980	Feet From The North Line	and <u>660</u> Feet From Th	eEast
	Line of Section 33 Tow	nship 17S Range 2	28Е , ММРМ, І	Eddy County
	AMOCO Pipe Line Company		Address (Give address to which approve 2300 Continental BK, Blo Fort Worth, TX 76102 Address (Give address to which approve	lg.
	Name of Authorized Transporter of Cast Phillips Petroleum Co	Inghead Gas 🕎 🛛 or Dry Gas 🔄		shington,Odessa,TX 79760
	If well produces oil or liquids,	Unit Sec. Twp. Pge.	Is gas actually connected? When Yes	
	I give location of tanks, If this production is commingled with	فسيتجربون ومستقيب ومنبع ومقاصية والمستنق والمستنق والمستني		
IV.	COMPLETION DATA OII Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Re			Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completio	n — (X) Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Spuddød			Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations Depth Casing Shoe			
	TUBING, CASING, AND C		CEMENTING RECORD	
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours)			
	OIL WEIJ Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)		, e(c.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
		Oli-Bbls.	Water-Bbls.	Gas - MCF
	Actual Prod, During Test			
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-1n)	Casing Pressure (Shut-in)	Choke Size
V:	CERTIFICATE OF COMPLIAN	CATE OF COMPLIANCE OIL CONSERVATION COMMISSION		
	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. (Signature) Senior Accounting Clerk (Title) September 26, 1973 (Date)		APPROVED SEP 28 1973	
			BY_ W. a. Srescett	
			TITLE AND GAS INSPECTOR	
			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All soctions of this form must be filled out completely for allow- able on new and recompleted wells. Fill out only Sections I, II. III, and VI 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	