SANTA FE

REQUEST FOR ALLOWABLE AND

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

LAND OFFICE	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL C	RECEIVED
TRANSPORTER GAS 2			
OPERATOR 1			APR - 6 1976
PRORATION OFFICE			
Operator Atlantic Richfield	Company V		O. C. C.
Address			ARTESIA, OFFICE
P.O. Box 1710 - Hob	bs, New Mexico 88240		
Reason(s) for filing (Check proper bo		Other (Please explain)	o battery eff: 4-1-76.
New We!l	Change in Transporter of: Oil Dry Gas	(T) (T)	ed to battery located
Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condens	= - - - - - - - - - - - - - - - - - - - -	
Change in Ownership			
If change of ownership give name and address of previous owner			
. DESCRIPTION OF WELL ANI	LEASE	Wind of Logs	e Lease No.
Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Leas State, Federa	
Empire Abo Unit "L"	14 Empire Abo	Exact, 1 days	State B-7241
Location N 66	Feet From The South Line	1980	The West
		e dad r det r rom	
Line of Section 2	Cownship 18S Range 2	7E , NMPM,	Eddy County
. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	S.	
Name of Authorized Transporter of C	or Condensate	Address (Give dadress to which appro	Ft. Worth, Texas 76102
Amoco Pipeline Comp	Dany Casinghead Gas X or Dry Gas	1)) (Cina address to which appro	and come of this form is to be sent) 191
Phillips Petroleum Amoco Production Co	Company	Phillips Bldg. 4th & P.O. Box 367, Andrews	Washington, Odessa, ica
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 2 18S 27E	Yes	Unknown
If this production is commingled	with that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Rest
Designate Type of Comple	, , -		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TURING CASING AND	D CEMENTING RECORD	
HCLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
ACCE 312E			
			
	TOP ALLOWARY E (Tors the se	the recovery of total values of load of	il and must be equal to or exceed top allo
V. TEST DATA AND REQUEST OIL WELL	able for this de	epth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
	The beautiful of the second of	Casing Pressure	Choke Size
Length of Test	Tubing Pressure		
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF
		.1	
GAS WELL	It would not made	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	25.51 45.1125.125.177.171.01	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. CERTIFICATE OF COMPLIA	ANCE	OIL CONSERV	ATION COMMISSION
CLITER POINTE OF COME AND		APPROVED APR - 6 19	376
I hereby certify that the rules a	nd regulations of the Oil Conservation	APPROVED 77	gresset !
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		I BY	
		TITLE SUPERVISOR, D.	ISTRICT II
_	_	il .	n compliance with RULE 1104.
D. L. Shace	kelford.	If this is a request for all	owable for a newly drilled or deepen
XV X XXXXXXX	Carried Contractions of the Contraction of the Cont	II to able for he conom	penied by a tabulation of the deviati

(Signagace) Accountant I (Title)

(Date)

4-5-76

well, this form must be accompanied by a tabulation of 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 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 completed wells.