NO. OF COPIES REC	6		
DISTRIBUTIO		l	
SANTA FE	1		
FILE		6	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	ì	
i	GAS	1	
OPERATOR	<u> </u>		
PRORATION OF			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

	FILE	V'			AND			Effecti	ve 1-1	-65
	U.S.G.S.		AUTHORIZATION TO 1	TRAN	SPORT	OIL AND N	IATURAL G	AS		
	LAND OFFICE					4.2				
	TRANSPORTER OIL							REC	EI	VED
- 1	GAS									
	OPERATOR							חבר	A	1975
1.	PRORATION OFFICE							DEC	———	107 0
- 1	Operator									
	Atlantic Richfield Co	omp	any						. C.	
1	Address							ARTES	ilA, I	DFFICE
	P. O. Box 1710, Hobbs									
	Reason(s) for filing (Check proper	box)				Other (Please				
	New Well		Change in Transporter of:			-		on of tank	; ba	ttery
	Recompletion		Oil Dr	y Gas		Ellectiv	/e: 11/0	1/75		
	Change in Ownership	•	Casinghead Gas 🔃 Co	ondens	ate		<u> </u>			
	Mahaara of awaarahia siya sam									
	If change of ownership give namend address of previous owner _									
Ħ.	DESCRIPTION OF WELL AN	D I	Well No. Pool Name, Including	For	matten		Kind of Lease			Lease No.
	Lease Name			ng ron	mation		State, Federal	or Fee		
	Empire Abo Unit "J"		9 Empire	Abo			Oldie, I daeiai	Fede	ral	LC028805
		221	O North			000		Wost	_	
	Unit Letter E;	201	O Feet From The North	_Line	and	990	Feet From T	he West		
	3	_	190) 7 E	NI (D) (Eddy		County
	Line of Section 3	Tow	vnship 18S Range		27E	, NMPM	•	Eddy		County
	DESIGNATION OF TRANSPO	. המ	CED OF OU AND MATURAL	GAS						
11.	Name of Authorized Transporter of		FER OF OIL AND NATURAL OF Condensate	UAS	Address (Give address i	to which approv	ed copy of this	form i	s to be sent)
				ļ						
	Amoco Pipeline Compar Name of Authorized Transporter of	Cas	singhead Gas X or Dry Gas		Address /	Give address	o which approv	ed copy of this	form i.	TX 76102 s to be sent)
	Amoco Production Comp	oa n	ay .	i	P. O.	Box 367.	Andrews	TX 79714	1	
	Phillips Petroleum Co	omp	Unit Sec. Twp. Rge		Is gas ac	tually connecte	ed? Whe	isnington,	<u>Ude</u>	ssa, TX 7976
	If well produces oil or liquids, give location of tanks.		1 1 1	27E	<u>-</u>	Yes	i	Unkr	iown	
			<u> </u>		1	-111				
		wit	th that from any other lease or po	001, g	ive com	ningling order	number:			
IV.	COMPLETION DATA		Oil Well Gas We	11	New Well	Workover	Deepen	Plug Back S	ame F	Restv. Diff. Restv
	Designate Type of Compl	etio	on - (X)	į		į				į
	Date Spudded	•	Date Compi. Ready to Prod.		Total De	pth		P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.	j	Name of Producing Formation		Top Oil/	Gas Pay		Tubing Depth		
	Perforations							Depth Casing Shoe		
			TUBING, CASING,	AND	CEMEN.	TING RECOR	D	·		
	HOLE SIZE		CASING & TUBING SIZE			DEPTHS	ET	SAC	KS C	EMENT
								<u></u>		
								-		
				i				l		
V.	TEST DATA AND REQUEST	r Fe	OR ALLOWABLE (Test must	be aft	er recove	ry of total volu or full 24 hours	me of load oil	and must be equ	al to c	or exceed top allow
	OIL WELL Date First New Oil Run To Tanks		Date of Test	•	•		v, pump, gas lij	t. etc.)		
	Date First New Oil Run 10 lanks		Dute of Test				, pamp, a a a m,	.,,		
			Tubing Pressure		Casing F	Pressure		Choke Size		
	Length of Test		I abang Freeze	1						
	Actual Prod. During Test		Oil-Bbls.		Water - B	bla.		Gas-MCF		
	Actual Production of the second									
	GAS WELL									
	Actual Prod. Test-MCF/D		Length of Test		Bbis. Co	ndensate/MMC	F	Gravity of Co	ndens	at●
								}		
	Testing Method (pitot, back pr.)		Tubing Pressure (Shut-in)		Casing F	ressure (Shut	-in)	Choke Size		
1 /1	CERTIFICATE OF COMPLI	ERTIFICATE OF COMPLIANCE				OIL	CONSERVA	TION COM	MISS	ION
VI.	CERTIFICATE OF COMPLI	MIN	CE							
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given				APPROVED DEC 18 1975 , 19					
						7,	[A. L	hesso	A-	
	above is true and complete to the best of my knowledge and belief.			lief.	BY		(VI)	cer		
					TITLE SUPERVISOR, DISTRICT II					
	_				i				th =	II F 1104
	De L. Sh	/_	L. Mar I		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened					
	- Jud. Sh	(Signature)				this form mile	it he accompa	nied by a tabu	ılatio:	n of the deviation
	(Signature) 2.7 Accountant I					taken on the	well in accor	dance with R	ULE	111.
			All sections of this form must be filled out completely for silow-							

(Title)

(Date)

December 1, 1975

All sections of this form must be filled out completely for silowable on new and recompleted wells.

Fill out only Sections I, II, 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.