			,										
DISTRIBUTION 6			. NI	NSERVA	ATION COMMIS	SION		Form C-104					
SANTA FE		/	 		· REQU	JEST F		LOWABLE			edes Old (Ve 1-1-65	C-104 and C-110	
u.s.g.s.		/_	1		7 1 TION 1 TO		AND						
LAND OFFICE		 		AUTHORIA	ZATION TO	JIKAN	NSPUK I	OIL AND N	ATURAL G	AS RE	SEI	VED	
TRANSPORTER	OIL	7								84.0	D 1 4	1070 3	
OPERATOR		7						•	•	MA	R 14	19/9	
PRORATION OFF										·		*	
				s Company -				•			J. L. ESIA, O		
Address	sion	01	ALI	lantic Richf	ield Com	pany	····	·····					
P. 0). Bo:	x 17	/10.	Hobbs, New	Mexico	88240						ŀ	
Reason(s) for filing	Check ;	roper	box					Other (Please	explain)				
New Well	H			-	Change in Transporter of:				Change in Operator				
Recompletion Change in Ownership	<u></u> H			Oil Casinghead G	H	Dry Gas Condens	7	effectiv	e: 4-1-79)		l	
Change in Ownership	<u>'</u>			Cashighead		Condens			· · · · · · · · · · · · · · · · · · ·				
If change of owners and address of prev					•		•	**			٠	• .	
and address of prev	TOUS OF	viier _						· · · · · · · · · · · · · · · · · · ·		1.	-		
DESCRIPTION O	F WEL	L A	ND I	LEASE	Time to be the		7			Kind of Lease	·	·	
Lease Name		"D	u		Well No. F			ng Formation		State, Federal	cr Fee	Zalasal	
Empire Abo	Unit	+			1 0 1	Emp11	re Abo			0.0.0, . 0.0	7	everus	
	D		66	O Feet From T	- Sout	1/2.		660	Feet From T	East		İ	
Unit Letter		. i	<u> </u>	reat From 1	ne <u>vydy</u>	<u> </u>							
Line of Section	9_		, Tow	mship /85	Rom	90 2	7E	, NMPM,	 	Eddy		County	
							_						
DESIGNATION O						AL GAS	Address	Give address to	which approv	ed copy of this	form is to	be sent)	
						İ		Give address to Continents orth. Texa		al Bank Bl	ldg.		
Amoco Pipe Name of Authorized	Transpo	rter o	f Cas	inghead Gas 💟	or Dry Gas		Address	Give address to	which approv	ed copy of this	d copy of this form is to be sent)		
Amoco Production Compa Phillips Petroleum Com				iny . Ipany		İ	P.O. Drawer A, Levelland 4001 Penbrook, Odessa, T			rexas Texas	79336 79760		
If well produces oil				Unit Sec.		ge.	Is gas actually connected? When			mo4PP 9-3-60			
give location of tank	cs.			M : 3	18	27	yes	<u> </u>	100	MOYPP	9-3	3-60	
If this production is		ingie	d wit	h that from any o	ther lease or	r pool, g	gi√e com	ningling order	number:				
COMPLETION D			<u> </u>	O11 W	Vell Gas	Well	New Well	Workover	Deepen	Plug Back S	ame Res'	v. Diff. Res'v.	
Designate Ty	pe of C	omp	letio	$\mathbf{n} = (\mathbf{X})$		i			; ·				
Date Spudded				Date Compl. Read	ly to Prod.	.•	Total De	pth		P.B.T.D.			
No Change			No.	- S		T 011 (Can Bar		Tubing Depth				
Pool			Name of Producing Formation			Top Oil/Gas Pay			rubing Deptil				
Perforations										Depth Casing	Shoe		
			TUBING, CASING, AND			CEMENTING RECORD							
HOLE SIZE			CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
				1									
					 								
				1	,								
TEST DATA AN	D REQ	UES	T F	OR ALLOWABL	E (Test mi	ust be afi	ter recove	ry of total volu	ne of load oil	and must be equ	al to or e:	xceed top allow-	
OIL WELL				<u></u>	able for	rthis dep		or full 24 hours					
Date First New Oil	Run To	Tank		Date of Test			Producin	d Wethod (Lion	, hamb, Kas)	s, esc./			
No Change				Tubing Pressure			Casing F	ressure		Choke Size			
Actual Prod. During	Test			Oil-Bhis.			Water - B	bis.		Gas-MCF			
<u></u>							İ						
GAG WEDT T				•									
GAS WELL Actual Prod. Test-	MCF/D			Length of Test			Bbis. Co	ondensate/MMCI	•	Gravity of Co	ndensate		
Testing Method (pit	tot, back	pr.)		Tubing Pressure			Casing i	cessure		Choke Size			
	. · · · · · · · · · · · · · · · · · · ·			<u> </u>	·		1			710110011			
CERTIFICATE OF COMPLIANCE							OIL CONSERVATION COMMISSION						
I hereby certify that the rules and regulations of the Oil Conservation							APPROVED APR 6 - 1979 . 19						
Commission have	been o	ompl	ied v	with and that the information given				11 a Gressett					
above is true and	o the	s best of my kno				THE THE PROPERTY OF THE PROPER							
							TITL	ESUP	ekvisuk, L	MINICI U			
M VOV								his form is to					
Dlane !. Kroks							If this is a request for allowable for a newly drilled or deepened						
(Signature)							well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.						
District Prod & Drlg Supt. (Title)							All sections of this form must be filled out completely for allowable on new and recompleted wells.						
_							:1 -Drc ,						

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.

Senarate Forms C-104 must be filed for each sool in multiply

3-7-79

(Date)