NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE REQUEST FOR ALLOWABLE FILE AND u.s.g.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL G LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Cperator ARCO Oil and Gas Company -Division of Atlantic Richfield Company Address P. O. Box 1710, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Change in Operat Recompletion OH Dry Gas effective: 4-1-7 Casinghead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner. DESCRIPTION OF WELL AND LEASE Empire Abo Unit

Dates

Supersedes Old C-104 and C-116 Effective 1-1-65
RECEIVED
MAR 1 4 1979
U. C. C. ARTESIA, OFFICE
or Name
•
State, Federal or Fee Federal
The West
Eddy County
ved copy of this form is to be sent) nal Bank Bldg.
ved copy of this form is to be sent) nd, Texas 79336 Texas 79760
moy Pf 9-3-60
Plug Back Same Restv. Diff. Restv.
P.B.T.D.
Tubing Depth
Depth Casing Shoe

Lease Name	Well No. Pool Name, including Formation				Rind of Lease			
Empire Abo Unit "M"		/3 Empire Abo				State, Federal or Fee Federal		
Location Unit Letter;	60 Feet From The	north	ne and	660	_ Feet From T	no West		
Line of Section // , To	ownship /85	P.ange	21E	, NMPM,		Eddy	County	
DESIGNATION OF TRANSPOR	TER OF OIL AND	NATURAL G	AS		. *			
Name of Authorized Transporter of C			Address (Giv	ve address to ntinenta	which approval Nation	ed copy of this form al Bank Bldg	is to be sent)	
Amoco Pipeline Company				Ft. Worth, Texas 76102 Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas 🔯 or Dry Gas 🗔 Amoco Production Company . Phillips Petroleum Company				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. 27	Is gas actual	lly connecte	d? Whe	noypp	9-3-60	
f this production is commingled w	ith that from any oth	er lease or pool	, give comming	gling order	number:			
Designate Type of Complet	ion - (X)	II Gas Well	New Well	Workover	Deepen	Plug Back Same	Res'v. Diff. Res'v.	
Date Spudded	Date Compl. Ready	to Prod.	Total Depth			P.B.T.D.		
No Change						<u> </u>		
Pool .	Name of Producing	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Sho	0	
	TUBII	NG, CASING, AN	D CEMENTIN	G RECOR	D			
HOLE SIZE		UBING SIZE		DEPTH SET			SACKS CEMENT	
							· · · · · · · · · · · · · · · · · · ·	
TEST DATA AND REQUEST	FOR ALLOWABLE	Test must be able for this	after recovery o lepth or be for f	of total volu full 24 hours	me of load oil	and must be equal t	o or exceed top allow	
Date First New Cil Run To Tanks	Date of Test	Producing M	Producing Method (Flow, pump, gas lift, etc.)					
No Change						Choke Size		
Length of Test	Tubing Pressure		Casing Pres	i s úre		Cheke Size		
Actual Prod. During Test	Oil-Bbis.		Water - Bbls.	,		Gas-MCF		
GAS WELL Actual Prod. Test-MCF/D				ensate/MMCi	F	Gravity of Conde	nsate	
notice from the first that the first	,							
Testing Method (pitot, back pr.)	Tubing Pressure		Casing Pres	ssure		Choke Size		
CERTIFICATE OF COMPLIANCE				OIL CONSERVATION COMMISSION				
			APPROV	APPROVED, 19, 19				
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.			n	1500 Lessett				
above is true and complete to t	he best of my know	nedge and bellet	TITLE_	SUPE	ERVISOR D	ISTRICT II		
Derge V. Raks (Signature)								
				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.				
District Prod & Drlg Supt.				All sections of this form must be filled out completely for allowable on new and recompleted wells.				
3-7-79				Fill out Sections I. II, III, and VI only for changes of owner,				

Fill out Sections I. II, III, and VI only to change of condition. well name or number, or transporter, or other such change of condition.