

DISTRIBUTION	6
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 2
OPERATOR	1
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED

MAR 14 1979

I. Operator **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):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas Change in Operator Name
 Change in Ownership Casinghead Gas Condensate effective: 4-1-79

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Empire Abo Unit I** Well No. **24** Pool Name, Including Formation **Empire Abo** Kind of Lease **State**

Location
 Unit Letter **A** **660** Feet From The **North** Line and **660** Feet From The **East**

Line of Section **6** Township **18S** Range **28E**, NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Amoco Pipeline Company Address (Give address to which approved copy of this form is to be sent)
2300 Continental National Bank Bldg.
Ft. Worth, Texas 76102

Name of Authorized Transporter of Casinghead Gas or Dry Gas
Amoco Production Company Address (Give address to which approved copy of this form is to be sent)
P.O. Drawer A, Levelland, Texas 79336
Phillips Petroleum Company **4001 Penbrook, Odessa, Texas 79760**

If well produces oil or liquids, give location of tanks. Unit **P** Sec. **31** Twp. **17** Rge. **28** Is gas actually connected? **Yes** When **AMO--9-6-60**
PP--9-1-60

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Resrv. Diff. Resrv.

Date Spudded **No Change** Date Compl. Ready to Prod. Total Depth P.B.T.D.

Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth

Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks **No Change** Date of Test Producing Method (Flow, pump, gas lift, etc.)

Length of Test Tubing Pressure Casing Pressure Choke Size

Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate

Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

George V. Parks
 District Prod & Drlg Supt.
3 8 79

OIL CONSERVATION COMMISSION

APPROVED **APR 09 1979**
 BY **W. A. Gressett**
 TITLE **SUPERVISOR, DISTRICT II**

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.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.
 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.
 Separate Forms C-104 must be filed for each pool in multiply