

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

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

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

RECEIVED

MAR 14 1979

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)	Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Change in Operator Name effective: 4-1-79
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

U.S.G.
ARTESIA OFFICE

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
Empire Abo Unit "K"	193	Empire Abo	State, Federal or Fee <u>Federal</u>
Location	Unit Letter <u>J</u> ; <u>2490</u> Feet From The <u>South</u> Line and <u>2200</u> Feet From The <u>East</u>		
Line of Section	Township	Range	NMPM, County
<u>1</u>	<u>18S</u>	<u>27E</u>	<u>Eddy</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Amoco Pipeline Company	2300 Continental National Bank Bldg. Ft. Worth, Texas 76102
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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. Is gas actually connected? When
<u>F 1 18 27</u>	<u>yes</u> <u>AMO + PP 10-26-78</u>

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.
<u>No Change</u>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>No Change</u>								
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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>No Change</u>			
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. Peaks
(Signature)
District Prod & Drlg Supt.
(Title)
3-7-79
(Date)

OIL CONSERVATION COMMISSION

APR 12 1979

APPROVED _____ 19_____
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.