

NO. OF COPIES RECEIVED		3
DISTRIBUTION		
SANTA FE		/
FILE		/
U.S.G.S.		/
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
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

Operator **ARCO Oil and Gas Company -** MAR 14 1979
Division of Atlantic Richfield Company

Address **P. O. Box 1710, Hobbs, New Mexico 88240** **O. C. C.**
ARTESIA, OFFICE

Reason(s) for filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate
Change in Operator Name effective: 4-1-79

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

DESCRIPTION OF WELL AND LEASE
 Lease Name Empire Abo Unit "D" Well No. 35 Pool Name, including Formation Empire Abo Kind of Lease State
 Location 0 330 Feet From The South Line and 1980 Feet From The East
 Line of Section 27 Township 17S Range 28E NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate GIW Address (Give address to which approved copy of this form is to be sent) _____
 Name of Authorized Transporter of Casinghead Gas or Dry Gas _____ Address (Give address to which approved copy of this form is to be sent) _____
 If well produces oil or liquids, give location of tanks. Unit _____ Sec. _____ Twp. _____ Rge. _____ Is gas actually connected? _____ When _____

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

COMPLETION DATA
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen. Plug Back Same Res'v. Diff. Res'v.
 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

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
 APR 11 1979
 APPROVED _____
 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.