

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

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SEP 26 1973

O. C. C.
 ARTESIA, O.F.

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I.

Company Name: Atlantic Richfield Company

Address: P. O. Box 1710, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box):
 Dry Well Change in Transporter of:
 Incompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain):
Included in Empire Abo Unit eff: 10/01/73.
Change in lease name from State "A" #7.

If change of ownership give name and address of previous owner: Hondo Oil & Gas Company, Box 1710, Hobbs, New Mexico 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
<u>Empire Abo Unit G</u>	<u>26</u>	<u>Empire Abo</u>	State, Federal or Pen State
Location			
Well Letter <u>K</u>	<u>2310</u> Feet From The <u>West</u> Line and <u>1650</u> Feet From The <u>South</u>		
Line of Section <u>32</u>	Township <u>17S</u>	Range <u>28E</u>	County <u>Eddy</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)
<u>AMOCO Pipe Line Company</u>	<u>2300 Continental Bk. Bldg. Fort Worth, Texas 76102</u>
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)
<u>50% AMOCO Production Company</u> <u>50% Phillips Petroleum Company</u>	<u>P.O. Box 68, Hobbs, New Mexico 88240</u> <u>Phillips Bldg., 4th & Washington, Odessa, TX 79760</u>
If well produces oil or liquids, give location of tanks.	is gas actually connected? When
<u>P 31 17S 28E</u>	<u>Yes</u> <u>AMO 09/06/60</u> <u>PP 09/01/60</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 Reser.	Diff. Reser.
<u>(X)</u>								
Date Spudded	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	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.

A. L. Shackelford
 (Signature)
 Senior Accounting Clerk
 (Title)
 September 26, 1973
 (Date)

OIL CONSERVATION COMMISSION
 SEP 28 1973

APPROVED _____, 19____
 BY W. A. Gressett
 TITLE OIL AND GAS INSPECTOR

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. Form C-104 must be filed for each such change.