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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

SEP 10 1993

O.C.D.

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Atlantic Richfield Company		Well API No. 30-015-00629
Address P.O. Box 1610 Midland, TX. 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Other (Please explain)		
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator OXY USA Inc. P.O. Box 50250 Midland, TX. 79710		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Citgo Empire Abo Unit Tr. 2	Well No. 13	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Other	Lease No. LC028755A
Location Unit Letter P : 330 Feet From The South Line and 480 Feet From The East Line Section 35 Township 17S Range 27E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil AMOCO Pipeline Co.	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 87707 Chicago, IL. 60680-0707				
Name of Authorized Transporter of Casinghead Gas GPM Gas Corp.	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa, TX. 79762				
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 35	Tw. 17	Rge. 27	Is gas actually connected? Yes	When? 3/22/89

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 Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	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 Post ID-3 9-17-93 shy op

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 Tank	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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
ERIC A. SIEGMUND
Printed Name
September 1, 1993
Date
Title
BUSINESS DIRECTOR - A-1A
(915) 683-5402
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 14 1993

By ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.