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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

1. Applicant Atlantic Richfield Company		O. C. C. ARTESIA, OFFICE	
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"/>	Included in Empire Abo Unit eff:10/01/73. Change in lease name from State "A" #19.	

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

II. DESCRIPTION OF WELL AND LEASE		
Lease Name Empire Abo Unit D	Well No. Pool Name, Including Formation 39 Empire Abo	Kind of Lease State, Federal or Fee State
Location Unit Letter O 330 Feet From The South Line and 1980 Feet From The East		
Line of Section 26 Township 17S Range 28E, NMPM, Eddy County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> AMOCO Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) 2300 Continental Bk. Bldg. Port Worth, Texas 76102	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 60% AMOCO Production Company 60% Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 68, Hobbs, New Mexico 88240 Phillips Bldg., 4th & Washington, Odessa, TX 79760	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. P 26 17S 28E	Is gas actually connected? When Yes AMO 09/07/60 PP 09/07/60

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 Res'v. Diff. Res'v.
Date Spurred	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.	
OIL CONSERVATION COMMISSION APPROVED SEP 28 1973, 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. Separate Forms C-104 must be filed for each well to which this authorization applies.	
Senior Accounting Clerk (Title) September 26, 1973 (Date)	