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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
SEP 26 1973
O. C. C.
ARTESIA, OFFICE

I. Operator ✓
Atlantic Richfield Company
Address
P. O. Box 1710, Hobbs, New Mexico 88240

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

Other *(Please explain)*
Included in Empire Abo Unit eff:10/01/73.
Change in lease name from State "A" #24.

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
Empire Abo Unit C	39	Empire Abo	State, Federal or Fee: State

Location
Unit Letter J ; 1650 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 X or Condensate
Address *(Give address to which approved copy of this form is to be sent)*
2300 Continental Bk. Bldg.
Fort Worth, TX 76102

Name of Authorized Transporter of Casinghead Gas X or Dry Gas
50% AMOCO Production Company
50% 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.	Is gas actually connected?	When
	P	26	17S	28E	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 Restv.	Diff. Restv.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations	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 *(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)*

OIL WELL

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.

C. C. Mansfield
(Signature)
Senior Accounting Clerk
(Title)
September 26, 1973
(Date)

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 pool in multiple