

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 2
OPERATOR	1
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

MAR 14 1979

O.C.C.
ARTERIA, OFFICE

Operator ARCO Oil and Gas Company - Division of Atlantic Richfield Company	
Address P. O. Box 1710, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Other (Please explain):

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Empire Abo Unit G	Well No. 21	Pool Name, including Formation Empire Abo
Location Unit Letter L 1089.33 Feet From The West Line and 1651.12		
Line of Section 31	Township 17S	Range 28E, NMPM,

Kind of Lease State, Federal or Fee State
From The South
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 Pipeline Company	Address (Give address to which oil or condensate is to be transported) 2300 Continental Ft. Worth, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Amoco Production Company Phillips Petroleum Company	Address (Give address to which casinghead gas or dry gas is to be transported) P.O. Drawer A, L 4001 Penbrook, Ok
If well produces oil or liquids, give location of tanks.	Unit P Sec. 31 Twp. 17S Rge. 28E Is gas actually connected? Yes

Approved copy of this form is to be sent to: National Bank Bldg. 6102
Approved copy of this form is to be sent to: Lland, Texas 79336 sa, Texas 79760
When AMO--11-1-60 PP--Unknown

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
Date Spudded	Date Compl. Ready to Prod.	Total Depth		
No Change				
Pool	Name of Producing Formation	Top Oil/Gas Pay		
Perforations				
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		

Plug Back	Same Res'v.	Diff. Res'v.
P.B.T.D.		
Tubing Depth		
Depth Casing Shoe		
SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, p
No Change		
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

and oil and must be equal to or exceed top allowable
gas lift, etc.)

Choke Size
Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure

Gravity of Condensate
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
(Signature)

District Prod & Drlg Supt.

3 8 79

(Title)

(Date)

OIL CO

A

APPROVED

BY

TITLE

SUPER

This form is to be

If this is a request

well, this form must be

tests taken on the well

All sections of the

able on new and recom

Fill out Sections

well name or number, c

CONSERVATION COMMISSION

12 1979

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Gressett

R. DISTRICT II

ed in compliance with RULE 1104.

r allowable for a newly drilled or deepened

companied by a tabulation of the deviation

in accordance with RULE 111.

form must be filled out completely for allow-

ed wells.

II, III, and VI only for changes of owner,

inspporter, or other such change of condition.

to be filed for each well and to be