

DISTRIBUTION		6
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

RECEIVED

MAR 14 1979

Operator		ARCO Oil and Gas Company - <input checked="" type="checkbox"/> Division of Atlantic Richfield Company		O. C. C.
Address		P. O. Box 1710, Hobbs, New Mexico 88240		ARTERIA, OFFICE
Reason(s) for filing (Check proper box)				Other (Please explain)
New Well	<input type="checkbox"/>	Change in Transporter of:		Change in Operator Name effective: 4-1-79
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Empire Abo Unit G	Well No.	26	Pool Name, Including Formation	Empire Abo	Kind of Lease	State
Location	Unit Letter K : 2310 Feet From The West Line and 1650 Feet From The South						
Line of Section	32	Township	17S	Range	28E	NMPM	Eddy County

I. 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 approved copy of this form is to be sent)	2300 Continental National Bank Bldg. Ft. Worth, Texas 76102	
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 approved copy of this form is to be sent)	P.O. Drawer A, Levelland, Texas 79336 4001 Penbrook, Odessa, Texas 79760	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0	32	17	28	Yes	AMO -- 9-6-60 PP -- 9-1-60

If this production is commingled with that from any other lease or pool, give commingling order number:

F. 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	No Change	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				

F. 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	No Change	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	Casing Pressure	Choke Size

K. 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.

Dwight H. Parks
(Signature)
District Prod & Drlg Supt.
3 8 79
(Date)

OIL CONSERVATION COMMISSION

APR 09 1979

APPROVED BY W. A. Gressett 19
TITLE SUPERVISOR, DISTRICT 11

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.