

DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
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

I. **Atlantic Richfield Company**
Address: **P. O. Box 1710, Hobbs, New Mexico 88240**
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Production ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain) **Included in Empire Abo Unit eff:10/01/73.
Change in lease name from State "A" #8.**
If change of ownership give name and address of previous owner **Hondo Oil & Gas Company, P. O. Box 1710, Hobbs, New Mexico 88240**

O. C. C.
ARTESIA, OFFICE

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Empire Abo Unit G** Well No. **25** Pool Name, Including Formation **Empire Abo** Kind of Lease **State, Federal or Free State**
Location
Well Letter **L** **990** Feet From The **West** Line and **1650** Feet From The **South**
Line of Section **32** Township **17S** Range **28E** **NMPM** **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
AMOCO Pipe Line Company
Address (Give address to which approved copy of this form is to be sent) **2300 Continental Bk. Bldg.
Fort Worth, Texas 76102**
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
AMOCO Production Company
Address (Give address to which approved copy of this form is to be sent) **P.O. Box 68, Hobbs, New Mexico 88240**
50% Phillips Petroleum Company
Address **Phillips Bldg., 4th & Washington, Odessa, TX 79760**
If well produces oil or liquids, give location of tanks. Unit **P** Sec. **31** Twp. **17S** Rge. **28E**
Is gas actually connected? **Yes** When **AMO 09/06/60**
PP 09/01/60

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. ☐
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.
Senior Accounting Clerk
September 26, 1973
OIL CONSERVATION COMMISSION
SEP 28 1973
APPROVED **W. A. Gressett**, 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 allowance 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 which