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 TRANSPORTER OIL
 GAS
 OPERATOR _____
 PRODUCTION OFFICE _____

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
 Supersedes Old O-104 and O-110
 Effective 1-1-65

RECEIVED

SEP 26 1973

O. C. C.
 ARTESIA, OFFICE

Atlantic Richfield Company

P. O. Box 1710, Hobbs, New Mexico 88240

Reasons for filing (Check proper box)

Other (Please explain)

Change in Transporter of: Included in Empire Abo Unit eff:10/01/73.
 Oil Dry Gas
 Casinghead Gas Condensate Change in lease name from State "A" #35.

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

Well No. 27 Empire Abo Kind of Lease State, Federal or Other State
 Section Letter G Section 2310 Feet From The North Line and 1650 Feet From The East
 Township 32 Range 17S Range 28E County Eddy

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Approved Transporter of Oil or Condensate
 AMOCO Pipe Line Company
 50% AMOCO Production Company
 50% Phillips Petroleum Company
 Address (Give address to which approved copy of this form is to be sent):
 2300 Continental Bk. Bldg.
 Port Worth, TX 76102
 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
 Is gas actually connected? When AMO 09/29/60
 PP 09/29/60

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 Well	Lite. Restv.
Date Drilled	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.			
	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

(Text 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)

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Accum. Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Length of Test	Bois. Conaensate/MMCF	Gravity of Conaensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure

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 pool or well.

W. L. Kuehler
 (Signature)

Senior Accounting Clerk

(Title)

September 26, 1973

(Date)