

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

Operator	ARCO Oil and Gas Company - Division of Atlantic Richfield Company	MAR 14 1979																									
Address	P. O. Box 1710, Hobbs, New Mexico 88240	O. C. C. ARTESIA, OFFICE																									
Reason(s) for filing (Check proper box)	<table border="0"> <tr><td>New Well</td><td><input type="checkbox"/></td><td>Change in Transporter of:</td><td></td><td>Other (Please explain)</td></tr> <tr><td>Recompletion</td><td><input type="checkbox"/></td><td>Oil</td><td><input type="checkbox"/></td><td>Change in Operator Name</td></tr> <tr><td>Change in Ownership</td><td><input type="checkbox"/></td><td>Casinghead Gas</td><td><input type="checkbox"/></td><td>effective: 4-1-79</td></tr> <tr><td></td><td></td><td>Dry Gas</td><td><input type="checkbox"/></td><td></td></tr> <tr><td></td><td></td><td>Condensate</td><td><input type="checkbox"/></td><td></td></tr> </table>	New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Change in Operator Name	Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	effective: 4-1-79			Dry Gas	<input type="checkbox"/>				Condensate	<input type="checkbox"/>		
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		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 "H"	Well No.	28	Pool Name, including Formation	Empire Abo	Kind of Lease	State	
Location	Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>East</u> Line and <u>660</u> Feet From The <u>South</u>						State, Federal or Fee	State
Line of Section	<u>32</u>	Township	<u>17S</u>	Range	<u>28E</u>	NMPM,	Eddy County	

II. 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 <u>0</u> Sec. <u>32</u> Twp. <u>17</u> Rge. <u>28</u>	Is gas actually connected?	When <u>AMO & PP 9-7-60</u>

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

III. COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
No Change								
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			

IV. 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.)	
No Change			
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

V. 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.
(Title)
3 8 79
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 12 1979, 19
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

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 multiple