FILE		✓
S.G.S.		
AND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-116
Effective 1-1-65

RECEIVED
SEP 26 1973
O. C. C.
ARTESIA, OFFICE

I.

Operator: Atlantic Richfield Company ✓

Address: P. O. Box 1710, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box)

- New Well [ ]
- Recompletion [ ]
- Change in Ownership [X]

Change in Transporter of:

- Oil [ ]
- Dry Gas [ ]
- Casinghead Gas [ ]
- Condensate [ ]

Other (Please explain): Included in Empire Abo Unit eff:10/01/73. Change in lease name from State S 30 #2.

If change of ownership give name and address of previous owner: Continental Oil Company, P. O. Box 460, Hobbs, New Mexico 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Empire Abo Unit B	46	Empire Abo	State	

Location: Unit Letter F ; 2310 Feet From The North Line and 1254 Feet From The West

Line of Section 30 Township 17S Range 29E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] 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, TX 76102

Name of Authorized Transporter of Casinghead Gas [X] 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

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	30	17S	29E	Yes	07/24/61

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 Resv.	Diff. Resv.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	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

(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)

OIL WELL

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 (Shut-in)	Casing Pressure (Shut-in)	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.

N. L. Shackelford
(Signature)

Senior Accounting Clerk
(Title)

September 26, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 28 1973, 19 _____

BY W. A. Gressett
OIL AND GAS INSPECTOR

TITLE _____

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 only Sections I, II, III, and VI 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 multiply completed wells.