REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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

TRANSPORTER OIL / GAS
OPERATOR
PRORATION OFFICE

I. Operator

Atlantic Richfield Company

Address

P. O. Box 1710, Hobbs, New Mexico 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: 10-1-73. Change in lease name from MALCO F Federal #3.

If change of ownership give name and address of previous owner AMOCO PRODUCTION COMPANY P. O. Box 68, Hobbs, New Mexico

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 L	17	Empire Abo	Federal	

Location
Unit Letter M ~~660~~ 990 Feet From The South Line and 660 Feet From The West

Section 1 Township 18S Range 27E NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND/OR 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.,Ft.Worth,Tex. 76102

Name of Authorized Transporter of Casinghead Gas or Dry Gas X
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
	F	1	18S	27E	yes	9-3-60

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 Res'v.	Diff. Res'v.

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)

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.

A. L. Gackstetter
(Signature)
Sr. Acctg. Clerk
(Title)
9-26-73
(Date)

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 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.