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SEP 27 1993

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator ARCO Oil and Gas Company		Well API No. 30-015-00720
Address P.O. Box 1710, Hobbs, New Mexico 88240		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) CHANGE WELL NAME FROM CITGO EMPIRE ABO UNIT TR. 4 #4 TO RIVER WOLF #4		
New Well <input type="checkbox"/>	Oil <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name RIVER WOLF	Well No. 4	Pool Name, Including Formation EMPIRE ABO	Kind of Lease State, Federal or Fee FEDERAL	Lease No. LC028755A
Location Unit Letter B : 990 Feet From the NORTH Line and 1650 Feet From The EAST Line Section 2 Township 18S Range 27E ,NMPM, EDDY County				

III. 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 CO.	Address (Give address to which approved copy of this form is to be sent) BOX 87707 CHICAGO, ILL 60680-0707					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM GAS CORP.	Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK ODESSA, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 35	Twp. 17	Rge. 27	Is gas actually connected? YES	When? 3/22/89

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		
						Part 10-3		
						10-1-93		
						ch. k. n. n. n.		

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.)

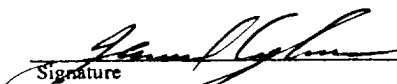
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length Of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature 	OPER. COORD.
Printed Name JAMES COGBURN	Title
Date 9/21/93	Telephone No. (505)391-1621

OIL CONSERVATION DIVISION

Date Approved **SEP 23 1993**

By **ORIGINAL SIGNED BY**
MIKE WILLIAMS
Title **SUPERVISOR, DISTRICT II**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.