

NO. OF COPIES RECEIVED	1
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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

SEP 26 1973

Atlantic Richfield Company		O. C. C. ARTESIA, OFFICE
P. O. Box 1710, Hobbs, New Mexico 88240		
Reasons for filing (check proper box)		Other (Please explain)
Change in Transporter of:	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Included in Empire Abo Unit eff:10/01/73.
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	Change in lease name from Hudson A State#1
If change of ownership give name and address of previous owner		

II. DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease	State
Empire Abo Unit I		16	Empire Abo	State, Federal or Free	State
Section	Letter	330	Feet From The	East	Line and
2	A				990
Township		18S	Range	27E	NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)				
Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	AMOCO Pipe Line Company	2300 Continental Bk. Bldg. Fort Worth, TX 76102				
Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Phillips Petroleum Company	Phillips Bldg., 4th & Washington, Odessa, TX 79760				
Is well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	2	18S	27E	Yes	Unknown

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

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.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 ON 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)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Depth 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

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.

Robert L. Smith
(Signature)

Senior Accounting Clerk

(Title)

September 26, 1973

(Date)

OIL CONSERVATION COMMISSION
SEP 28 1973

APPROVED _____, 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 well in which a recompleted well.