

CONTRIBUTION	
AMOUNT	DATE
FILE	
S.G.S.	
AND 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

1. OPERATOR		O. C. C. ARTESIA, OFFICE
Atlantic Richfield Company ✓		
Address P. O. Box 1710, Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	Included in Empire Abo
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Unit eff: 10-1-73. Change in lease
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	name from Windfohr Federal #2.
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	
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
Empire Abo Unit K	8	Empire Abo	State, Federal or Fee Federal
Location	Lease No.		
Unit Letter I	1650	South	330
Line of Section 4	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"/>		Address (Give address to which approved copy of this form is to be sent)	
AMOCO Pipe Line Company		2300 Continental Bk. Bldg., Ft. Worth, Tex. 76102	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
AMOCO Production Company		P. O. Box 68, Hobbs, New Mexico 88240	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 4	Twp. 18S Rge. 27E
Is gas actually connected?		When	
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 Rest.	Diff. Rest.
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 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.)	
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. Shackelford*  
(Signature)

Sr. Acctg. Clerk

(Title)

9-26-73

(Date)

OIL CONSERVATION COMMISSION	
SEP 28 1973	
APPROVED	19
BY	<i>W. A. Gressett</i>
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 multiple completed wells.