

OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-66

RECEIVED

SEP 26 1973

APPROVED	
DATE	
BY	
OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Atlantic Richfield Company		O. C. C. ARTESIA, OFFICE	
Address P. O. Box 1710, Hobbs, New Mexico 88240			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Condensate Gas ☐ Condensate ☐	Included in Empire Abo Unit eff:10/01/73 Change in lease name from CBDU A #2.	

If change of ownership give name and address of previous owner: Exxon Corporation, P. O. Box 1600, Midland, TX 79701

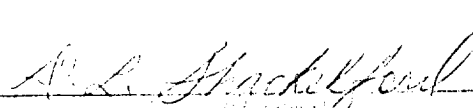
Name of Well, Lease, and Pool		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Empire Abo Unit N		6	Empire Abo	State, Federal or Fee	Federal
Location					
Unit Letter	F	1980	Feet From The North	Line and	1980
			Feet From The West		
Line of Section	9	Township	18S	Range	27E
			NMPM,	Eddy	County

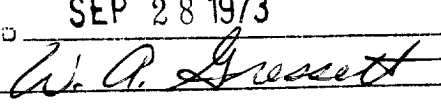
Name of Authorized Transporter of Oil ☒ or Condensate ☐		Address (Give address to which approved copy of this form is to be sent)				
AMOCO Pipe Line Company		2300 Continental Bk. Bldg. Fort Worth, TX 76102				
Name of Authorized Transporter of Oil ☒ or Dry Gas ☐		Address (Give address to which approved copy of this form is to be sent)				
AMOCO Production Company (40.1576%) Phillips Petroleum Company (59.8424%)		P. O. Box 68, Hobbs, New Mexico 88240 Phillips Bldg., 4th & Washington, Odessa, TX 79760				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	F	9	18S	27E	Yes	AMO 09/03/60 PP 10/09/60

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
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						
MUDLOG, CORELOG, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

VI. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed up 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-Boils.	Water-Boils.	Gas-MCF
VII. WELL			
Actual Prod. Test-MCF/D	Length of Test	Shin. Condensate/M-MCF	Gravity of Condensate
Testing Interval (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VII. 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.	
	
Senior Accounting Clerk	
(Title)	
September 26, 1973	
(Date)	

OIL CONSERVATION COMMISSION	
SEP 28 1973	
APPROVED	
BY	
TITLE OIL AND GAS INSPECTOR	
This form is to be filed in compliance with RULE 1194.	
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.	