

**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

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 2
OPERATOR	1
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)  New Well  Recompletion  Change in Ownership

Change in Transporter of: Oil  Casinthead Gas  Dry Gas  Condensate

Other (Please explain) Included in Empire Abo Unit eff:10/01/73. Change in lease name from CBDU A #7.

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

**DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Empire Abo Unit P</u>	Well No. <u>5</u>	Pool Name, Including Formation <u>Empire Abo</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No.
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Location  
Unit Letter M; 330 Feet From The South Line and 990 Feet From The West

Line of Section 9 Township 18S Range 27E, NMPM, Eddy County

**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)
<u>AMOCO Pipe Line Company</u>	<u>2300 Continental Bk. Bldg. Fort Worth, TX 76102</u>
Name of Authorized Transporter of Casinthead 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)
<u>AMOCO Production Company (40.1576%) Phillips Petroleum Company (59.8424%)</u>	<u>P. O. Box 68, Hobbs, New Mexico 88240 Phillips Bldg., 4th &amp; Washington, Odessa, TX 79760</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>F 9 18S 27E</u>	<u>Yes AMO 09/03/60 PP 10/09/60</u>

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

**COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<u>(X)</u>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, CR, 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

**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

**OLD WELLS**

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

**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. Hooper  
(Signature)  
Senior Accounting Clerk  
(Title)  
September 26, 1973  
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 28 1973, 19\_\_\_\_

BY W. A. Gussert

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