

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

DATE FILE	
FILE	
DATE	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	
OPERATOR	

Atlantic Richfield Company

O. C. C.
ARTESIA, OFFICE

P. O. Box 1710, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☒	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

Included in Empire Abo Unit off: 10/01/73.
Change in lease name from CDDU P #4.

Name of ownership give name
and address of previous owner

Exxon Corporation, P. O. Box 1600, Midland, TX 79701

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Empire Abo Unit R	3	Empire Abo	State, Federal or Fee	Federal
Location				
Unit Letter	G	1980	Feet From The	North
			Line and	1980
			Feet From The	East
Section of Section	17	Township	18S	Range
			27E	NMFM
			Eddy	County

PERMISSION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
AMCO Pipe Line Company	2300 Continental Bk. Bldg.					
Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
AMCO Production Company (18.75%)	P. O. Box 68, Hobbs, New Mexico 88240					
Phillips Petroleum Company (81.25%)	Phillips Bldg., 4th & Washington, Odessa, TX 79760					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actually connected?	When
	H	17	18S	28E	Yes	AMO 06/01/61 PP 03/07/61

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

COMPLETION DATA

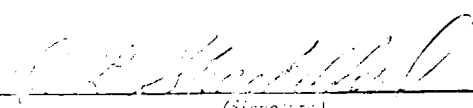
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Deviations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Deviations			Depth Casing 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 oil available 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
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Static-12)	Casing Pressure (Static-12)	Choke Size

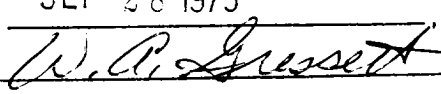
CERTIFICATE OF COMPLIANCE

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.


(Signature)
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 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