

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

APPROVED	
DATE	
FILE	
NO. OF COPIES	
TRANSPORTED	
OPERATION	
REGISTRATION OFFICE	

Operator	Atlantic Richfield Company	D. C. C. REG. OFFICE
Address	P. O. Box 1710, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain) Included In Empire Abo Unit eff: 10-1-73. Change in lease name from Malco H Federal #5.	
New Well	Change in Transporter of:	
Recompletion	Oil	Dry Gas
Change in Ownership	Casinghead Gas	Condensate
If change of ownership give name and address of previous owner	AMOCO Production Company P. O. Box 68, Hobbs, New Mexico	

NAME OF LEASE AND POOL	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Empire Abo Unit K	10	Empire Abo	State, Federal or Fee	Federal
Location	Unit Letter K, 2310 Feet From The West Line and 1650 Feet From The South			
Line of Section	3	Township	18S	Range
			27E	NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Oil	or Condensate	2300 Continental Bk. Bldg., Ft. Worth, Tex. 76102				
AMOCO Pipe Line Company						
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	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	Sec.	Twp.	Range	Is gas actually connected?	When
	N	3	18S	27E	Yes	9-3-60

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 Res't.	Diff. Res't.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DE, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations				Depth Casing Shoes					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					

V. 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)			
OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks	Date of Test		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	
Testing Method (pilot, 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. MacKelford
(Signature)

Sr. Acctg. Clerk

(Title)

9-26-73

(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 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 own well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.