

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 2
OPERATOR	1
PRORATION 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

MAR 14 1979

Operator	ARCO Oil and Gas Company - Division of 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 <input type="checkbox"/>	Change in Transporter of:	Change in Operator Name
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	effective: 4-1-79
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Empire Abo Unit I	20	Empire Abo	State, Federal or Fee Federal
Location			
Unit Letter	Feet From The		Feet From The
A	667.12 North		666.05 East
Line of Section	Township	Range	County
1	18S	27E	Eddy

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 Pipeline Company	2300 Continental National Bank Bldg. Ft. Worth, Texas 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 Phillips Petroleum Company	P.O. Drawer A, Levelland, Texas 79336 4001 Penbrook, Odessa, Texas 79760		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	F	1	18
			27
Is gas actually connected?	When		
Yes	AMO --- 9-3-60	PP -- Unknown	

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.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
No Change									
Pool	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 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.)	
No Change			
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 (pilot, back pr.)	Tubing Pressure	Casing Pressure	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.	
<u>George V. Parks</u> (Signature)	
District Prod & Drlg Supt.	
<u>3 8 79</u> (Date)	

OIL CONSERVATION COMMISSION	
APR 09 1979	
APPROVED	19
BY	<u>W. B. Gressett</u>
TITLE	SUPERVISOR, DISTRICT II
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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.	