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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
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

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SEP 26 1973

I. 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 ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Included in Empire Abo Unit eff:10/01/73.
Change in lease name from State A #2.
If change of ownership give name and address of previous owner Hondo Oil & Gas Company, P.O. Box 1710, Hobbs, New Mexico 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Empire Abo Unit I</u>	Well No. Pool Name, Including Formation <u>24 Empire Abo</u>	Kind of Lease State, Federal or Fee <u>State</u>
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>6</u> , Township <u>18S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>AMOCO Pipe Line Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>2300 Continental Nat'l Bk. Bldg.</u> <u>Fort Worth, Texas 76102</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>AMOCO Production Company</u> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 68, Hobbs, New Mexico 88240</u> <u>Phillips Bldg., 4th & Washington, Odessa, TX 79760</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>P</u>	Sec. <u>31</u>
	Twp. <u>17S</u>	Rge. <u>28E</u>
	Is gas actually connected? <u>Yes</u>	
	When <u>AMOCO 09/06/60</u> <u>PP 09/01/60</u>	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resh.	Diff. Resh.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
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

V. 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.)	
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 (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

Senior Accounting Clerk

September 26, 1973

(Date)

OIL CONSERVATION COMMISSION

SEP 28 1973

APPROVED

BY

TITLE

W. A. Gressett
SPECTOR

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

Separate Forms C-104 must be filed for each pool in multiple