REQUEST FOR ALLOWABLE

AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

SEP 26 1973

O. C. C.
ARTESIA, OFFICE

Atlantic Richfield Company

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

Reason for filing (Please explain)

Included in Empire Abo Unit eff:10/01/73
Change in lease name from Empire Abo Federal #6.

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

Empire Abo Unit L 19 Empire Abo Kind of Lease (State, Federal or Fee) Federal

Unit Letter O 953 Feet From The South 2197 Feet From The East

Section 1 Township 18S Range 27E County Eddy

Name of Authorized Transporter of Oil: X

AMOCO Pipe Line Company

Address (Give address to which approved copy of this form is to be sent)
2300 Continental Bk. Bldg.
Fort Worth, TX 76102

Name of Authorized Transporter of Casinghead Gas or Dry Gas: X

Phillips Petroleum Company

Address (Give address to which approved copy of this form is to be sent)
Phillips Bldg., 4th & Washington, Odessa, TX 79760

If well produces oil or liquids, give location of tanks. O 1 18S 27E

Is gas actually connected? Yes When 04/17/71

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

Complete Type of Completion

Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Reservoir | Diff. Reservoir

Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D.

Elevations (DF, RKB, RT, GR, 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

GAS WELL

Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate

Testing Method (pitot, 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 Division 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

OIL CONSERVATION COMMISSION

APPROVED SEP 26 1973

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 completed or recompleted 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 A, B, C, D, and E 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 completed wells.