

DISTRIBUTION	
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S.G.S.	
AND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION CO. SSION
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

I. Operator
Atlantic Richfield Company
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: 10-1-73. Change in lease name from MALCO B Federal #3.
If change of ownership give name and address of previous owner AMOCO Production Company P. O. Box 68, Hobbs, New Mexico

II. DESCRIPTION OF WELL AND LEASE
Lease Name Empire Abo Unit N Well No. 13 Pool Name, including Formation Empire Abo Kind of Lease State, Federal or Fee Federal Lease No.
Location
Unit Letter E 1618 Feet From The North Line and 330 Feet From The West
Line of Section 11 Township 18S Range 27E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
AMOCO PIPE LINE COMPANY Address (Give address to which approved copy of this form is to be sent) 2300 Continental Bk. Bldg., Ft. Worth, Tex. 76102
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
AMOCO Production Company Address (Give address to which approved copy of this form is to be sent) P. O. Box 68, Hobbs, New Mexico 88240
If well produces oil or liquids, give location of tanks. Unit C Sec. 11 Twp. 18S Rge. 27E Is gas actually connected? Yes When 7-7-72
If this production is commingled with that from any other lease or pool, give commingling order number: PLC-43

IV. 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.
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

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 (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.

Al L. Macdellford
(Signature)
Sr. Acctg. Clerk
(Title)
9-26-73
(Date)

OIL CONSERVATION COMMISSION
SEP 28 1973
APPROVED _____, 19____
BY W. A. Gussert
OIL AND GAS INSPECTOR
TITLE _____

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 allow-able 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 multiple-completed wells.