

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104  
 Supersedes Old O-104 and O-110  
 Effective 1-1-65

DISTRIBUTION	
NTA FE	1
ILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 2
OPERATOR	1
PRORATION OFFICE	

**RECEIVED**  
 MAR 22 1979

Operator **ARCO Oil and Gas Company -  
 Division of 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)  
 Change in Operator Name effective: 4-1-79

**O. C. C.**  
**ARTESIA, OFFICE**

If change of ownership give name and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name **Empire Abo Unit "L"** Well No. **134** Pool Name, including Formation **Empire Abo** Kind of Lease **State**

Location  
 Unit Letter **M**; **10** Feet From The **South** Line and **640** Feet From The **West**

Line of Section **2**, 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 Pipeline Company** Address (Give address to which approved copy of this form is to be sent)  
**2300 Continental National Bank Bldg. Ft. Worth, Texas 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. Drawer A, Levelland, Texas 79336**  
**Phillips Petroleum Company** **4001 Penbrook, Odessa, Texas 79760**

If well produces oil or liquids, give location of tanks. Unit **F** Sec. **2** Twp. **18S** Rge. **27E** Is gas actually connected? **yes** When **AMO & PP 2-11-79**

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 Res'v.	Diff. Res'v.
<b>No Change</b>								
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.)	
<b>No Change</b>			
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.

*Benny V. Parks*  
 District Prod & Drilg Supt.  
 3-13-79

OIL CONSERVATION COMMISSION  
 APR 12 1979  
 APPROVED BY *W. A. Gessert*  
 SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1102.  
 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.