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U.S.G.S.	
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

**RECEIVED**

**DEC 4 1975**

Operator <b>Atlantic Richfield Company</b>		<b>O. C. C. ARTESIA, OFFICE</b>	
Address <b>P. O. Box 1710, Hobbs, New Mexico 88240</b>			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	Change in location of tank battery. Effective: 11/01/75	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE				
Lease Name <b>Empire Abo Unit "L"</b>	Well No. <b>15</b>	Pool Name, Including Formation <b>Empire Abo</b>	Kind of Lease State, Federal or Fee	Lease No. <b>B-7244</b>
Location Unit Letter <b>0</b> ; <b>660</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>East</b>				
Line of Section <b>2</b> Township <b>18S</b> Range <b>27E</b> , NMPM, <b>Eddy</b> County				

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)		
<b>Amoco Pipeline Company</b>		<b>2300 Cont. Nat'l Bk Bldg, Ft. Worth, TX 76102</b>		
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)		
<b>Phillips Petroleum Company Amoco Production Company</b>		<b>Phillips Bldg. 4th &amp; Washington, Odessa, TX 79760 P.O. Box 367, Andrews, Texas 79714</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>11</b>	Twp. <b>18S</b>	Rge. <b>27E</b>
	Is gas actually connected? <b>Yes</b>		When <b>09/03/60</b>	

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.
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			
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.	
<i>A. L. Shackelford</i> (Signature)	
Accountant I	
(Title)	
December 1, 1975	
(Date)	

OIL CONSERVATION COMMISSION <b>DEC 18 1975</b>	
APPROVED	19 _____
BY <i>W. A. Gressett</i>	
TITLE <b>SUPERVISOR, DISTRICT II</b>	
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 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 multiply completed wells.	