DISTRIBUTION			
ANTA FE			
ILE		✓	
S.G.S.			
AND OFFICE			
TRANSPORTER	OIL	✓	
	GAS	✓	
OPERATOR		✓	
PRORATION OFFICE		✓	

NEW MEXICO OIL CONSERVATION COM   ION
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

OCT 1 1973

O. C. C.
~~ARTESIA, OFFICE~~

I.

Operator
Atlantic Richfield Company ✓

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

Reason(s) for filing *(Check proper box)*
New Well ☐
Recompletion ☐
Change in Ownership ☒

Change in Transporter of:
Oil ☐   Dry Gas ☐
Casinghead Gas ☐   Condensate ☐

Other *(Please explain)* Included in Empire Abo Unit eff: 10-1-73. Change in lease name from State BH #1.

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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Empire Abo Unit I	28	Empire Abo	State, Federal or Fee State	

Location				
Unit Letter A ; 330 Feet From The North Line and 970 Feet From The East				
Line of Section 5 Township 18S Range 28E , 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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	32	17S	28E	yes	10-6-60

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		
						Depth Casing Shoe		
Perforations								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. 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 allow able for this depth or be for full 24 hours)*

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.

D. L. Shackelford
(Signature)

Sr. Acctg. Clerk
(Title)

9-26-73
(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 3 1973** , 19 ____

BY _W. A. Grissett_

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 drilled or deepen well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allo able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditi

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