

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

SEP 26 1973

DATE	
WELL	
POOL	
FIELD OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/> OIL
	<input checked="" type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

Atlantic Richfield Company

O. C. C.
OFFICE

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

Persons for filing (Check proper box):
 New Well Change in Transporter of: Oil Dry Gas Other (Please explain) Included in Empire Abo
 Recombination Unit eff: 10-1-73. Change in lease
 Change in Ownership Transported Gas Condensate name from State BE #2.

If change of ownership give name and address of previous owner: AMOCO Production Company P. O. Box 68, Hobbs, New Mexico

Section Name: Empire Abo Unit G Well No.: 21 Pool Name: Empire Abo Kind of Lease: State, Federal or Fee State Lease No.:
 Location: Unit Letter L Section 31 Township 17S Range 28E, NMPM, Eddy County
 Feet From The West Line 1651.12 Feet From The South

Organization of Transporter of Oil and Natural Gas: AMOCO Pipe Line Company
 Name of Authorized Transporter of Oil or Condensate: AMOCO Production 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 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 0 Sec. 32 Twp. 17S Range 28E Is gas directly connected? yes When 11-1-60

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 Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.S.T.D.			
Elevations (DF, RKB, RI, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

HOLES, 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 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-Gal.	Water-Gal.	Gas-MCF
Actual Prod. Test-MCF/D	Length of Test	Barrel Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (5000-24)	Casing Pressure (5000-14)	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.

A. E. Shackelford
Sr. Acctg. Clerk
(Title)
9-26-73
(Date)

OIL CONSERVATION COMMISSION
SEP 28 1973

APPROVED BY: *W. A. Gussert*
TITLE: 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 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 for new and recompleted wells.
 Fill out only Sections I, II, III, and V, 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.