

APPLICANT	
FILE	
S.G.S.	
AND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PERORATION OFFICE	

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

Operator Atlantic Richfield Company		O. C. C. ARTEBIA, OFFICE
Address P. O. Box 1710, Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	Included in Empire Abo Unit eff: 10-1-73. Change in lease name from State BG #1.
Recompletion ☐		
Change in Ownership ☒		

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 H	Well No.: 27	Pool Name, including Formation Empire Abo	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter O ; 1950.8 Feet From The East Line and 650.24 Feet From The South Line of Section 32 Township 17S 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 0	Sec. 32	Twp. 17S	Rang. 28E
	Is gas naturally connected? yes		When 9-7-60	

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't.	Diff. Res't.
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.

E. L. Shackelford
(Signature)

Sr. Acctg. Clerk

(Title)

9-26-73

(Date)

OIL CONSERVATION COMMISSION

SEP 28 1973

APPROVED _____, 19____

BY *W. A. Gussett*

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 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.