

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-105
Effective 1-1-65

RECEIVED

SEP 26 1973

DATE	1	✓
TIME	1	✓
WELL		
NO. OF POOLS		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
REGISTRATION OFFICE		

Operator Atlantic Richfield Company

J. E. G.
REG. OFFICE

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

Condensate Gas

Dry Gas

Condensate

Other (Please explain)

Included in Empire Abo Unit eff: 10-1-73. Change in lease name from State BU #1.

If change of ownership give name and address of previous owner

AMOCO Production Company P. O. Box 68, Hobbs, New Mexico

SECTION 1 - LEASE INFORMATION

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Empire Abo Unit F	33	Empire Abo	State, Federal or Fee State	
Location	Unit Letter	Feet From The	Line and	Feet From The
E	330	West	1964.63	North
Line of Section	34	Township	17S	Range
			28E	Eddy
			NMPM,	County

SECTION 2 - TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate	Address (Give address to which approved copy of this form is to be sent)					
AMOCO Pipe Line Company	2300 Continental Bk.Bldg., Ft. Worth, Tex.76102					
Name of Authorized Transporter of Gas, Condensate Gas ☒ or Dry Gas	Address (Give address to which approved copy of this form is to be sent)					
AMOCO Production Company	P. O. Box 68, Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
K	34	17S	28E	yes	9-3-60	

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'ty.	Diff. Res'ty.
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
Actual Prod. During Test	Oil-Data	Water-Data
		Gas-MCF

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	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.

Sr. Acctg. Clerk

9-26-73

OIL CONSERVATION COMMISSION

APPROVED SEP 28 1973

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 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 multiple completed wells.