U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL	I
TRANSPORTER GAS	I
OPERATOR	I
PRORATION OFFICE	

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-110, Effective 1-1-65

RECEIVED

SEP 26 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		Change in Transporter of:	
Recompletion		Oil	Dry Gas
Change in Ownership	X	Casinghead Gas	Condensate

Other (Please explain)

Included in Empire Abo Unit eff:10/01/73.
Change in lease name from Empire Abo Federal #1.

If change of ownership give name and address of previous owner Exxon Corporation, P. O. Box 1600, Midland, TX 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Empire Abo Unit K	19	Empire Abo	State, Federal or Fee Federal	

Location

Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East

Line of Section 1 Township 18S Range 27E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate

Address (give address to which approved copy of this form is to be sent)

AMOCO Pipe Line Company — 2300 Continental Bk. Bldg. Fort Worth, TX 76102

Name of Authorized Transporter of Casinghead Gas X or Dry Gas

Address (give address to which approved copy of this form is to be sent)

Phillips Petroleum Company — Phillips Bldg.,4th & Washington,Odessa,TX 79760

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	1	18S	27E	Yes	Unknown

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 Resv.	Diff. Resv.

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 (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)

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.

(Signature)

Senior Accounting Clerk
(Title)

September 26, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 28 1973, 19

BY W. A. Gressett

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.