

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

SEP 26 1973

CONTRIBUTION	5
ANTHRA	1
FILE	1
NO. OF OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	1
PRODUCTION 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: Oil Dry Gas
 Noncompletion Change in Lease Condensate
 Change in Ownership Other (Please explain)
**Included in Empire Abo Unit eff:10/01/73.
Change in lease name from Eddy I
NCT A #1**

If change of ownership give name and address of previous owner: **Gulf Oil Corporation, P. O. Box 670, Hobbs, N.M. 88240**

O. C. C.
ARTESIA, OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Footwall	Geology	Formation	Kind of Lease	State	Lease No.
Empire Abo Unit L	13		Empire Abo		State, Federal or Fee	State	
Location	Unit Letter	Section	Feet From The	Line and	Feet From The	County	
	M	660	South	660	West		
	Line of Section	Township	Range	NMFM			
	2	18S	27E	Eddy			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
AMOCO Pipe Line Company	2300 Continental Bk. Bldg.
Name of Authorized Transporter of Gas <input checked="" type="checkbox"/>	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.	Is gas actually connected? When
Unit: M, Sec: 2, Twp: 18S, Rng: 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 Res'v.	Diff. Res'v.
<input checked="" type="checkbox"/>								
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-Bois.	Water-Bois.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Oil, 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.

S. L. Shackelford
Senior Accounting Clerk
(Title)
September 26, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 28 1973**, 19____

BY *W. A. Gussert*

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 allowance 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.