

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes OIA C-104 and C-105  
Effective 1-1-65

FILE	
U.S.G.S.	
AND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

RECEIVED

SEP 26 1973

Operator Atlantic Richfield Company	
Address P. O. Box 1710, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Other (Please explain) Included in Empire Abo Unit eff: 10-1-73. Change in lease name from MALCO G Federal #3.	

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 M	Well No. 8	Pool Name, including Formation Empire Abo	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line of Section 9 Township 18S Range 27E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 N Sec. 3 Twp. 18S Rge. 27E Is gas actually connected? Yes When 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'v.	Diff. Res'v.
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.

W. L. Shackelford  
(Signature)

Sr. Acctg. Clerk

(Title)

9-26-73

(Date)

OIL CONSERVATION COMMISSION  
SEP 28 1973

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY

W. A. Gressett  
OIL AND GAS INSPECTOR

TITLE

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