

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-110
 Effective 1-1-65

RECEIVED

MAR 14 1979

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 2
OPERATOR	1
PRORATION OFFICE	

Operator ARCO Oil and Gas Company - Division of Atlantic Richfield Company		O.C.C.	
Address P. O. Box 1710, Hobbs, New Mexico 88240		ARTESIA, OFFICE	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	Change in Operator Name effective: 4-1-79	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>		Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>		Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Empire Abo Unit "R"	Well No. 8	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee State
Location			
Unit Letter H ; 1650 Feet From The North Line and 990 Feet From The East			
Line of Section 16 , Township 18S , Range 27E , NMPM, Eddy County			

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 2300 Continental National Bank Bldg. Ft. Worth, Texas 76102		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer A, Levelland, Texas 79336 4001 Penbrook, Odessa, Texas 79760		
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 11	Twp. 18
	Rge. 27	Is gas actually connected? yes	When Unknown

If this production is commingled with that from any other lease or pool, give commingling order number:

7. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
No Change								
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
No Change								
Pool	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

7. 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.)	
No Change			
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	Casing Pressure	Choke Size

L. 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.

Denzel V. Parks
 (Signature)
District Prod & Drlg Supt.
 (Title)
3-7-79
 (Date)

OIL CONSERVATION COMMISSION

APR 16 1979

APPROVED _____, 19____
 BY *W.A. Gressett*

TITLE SUPERVISOR, DISTRICT II

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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.
 Separate Form C-104 must be filed for each pool in multiple