

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

SEP 26 1973

APPLICANT	
STATE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
PRORATION OFFICE	

I.
Operator
Atlantic Richfield Company ✓

Address
P. O. Box 1710, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)
Included in Empire Abo Unit eff:10/01/73.
Change in lease name from State #1.

O.C.C.
ARTESIA, OFFICE

If change of ownership give name and address of previous owner Resler and Sheldon, Box 2053, S. Padre Island, TX

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Empire Abo Unit I</u>	Well No. <u>23</u>	Pool Name, including Formation <u>Empire Abo</u>	Kind of Lease State, Federal or Fee	State <u>TX</u>	Lease No.
Location					
Unit Letter <u>B</u>	<u>470</u>	Feet From The <u>North</u>	Line and <u>2170</u>	Feet From The <u>East</u>	
Line of Section <u>6</u>	Township <u>18S</u>	Range <u>28E</u>	, NMPM,		<u>Eddy</u> 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"/> <u>AMOCO Pipe Line Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>2300 Continental Bk. Bldg. Fort Worth, TX 76102</u>				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Phillips Bldg., 4th & Washington, Odessa, TX 79760</u>				
If well produces oil or liquids, give location of tanks.	Unit <u>B</u>	Sec. <u>6</u>	Twp. <u>18S</u>	Range <u>28E</u>	Is gas actually connected? <u>Yes</u> When <u>August 1960</u>

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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Resrv.	<input type="checkbox"/> Diff. Resrv.
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 (Stat-in)	Casing Pressure (Stat-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.

A. L. Shackelford
(Signature)

Senior Accounting Clerk

(Title)

September 26, 1973

(Date)

OIL CONSERVATION COMMISSION

SEP 28 1973

APPROVED _____, 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 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 well.