

7/26/77

This well was not shown on the August list from Atlantic.

Norman Truitt said this morning that he is not going to put this well on production until September.

We told him that we needed deviations on this well and he said that he would get them for us.

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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

JUL 11 1977

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 Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
 Lease Name Empire Abo Unit "M" Well No. 122 Pool Name, including Formation Empire Abo Kind of Lease Federal
 Location
 Unit Letter A; 990 Feet From The North Line and 1300 Feet From The East
 Line of Section 10, Township 18S Range 27E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Amoco Pipeline Company Address (Give address to which approved copy of this form is to be sent)
2300 Continental Nat'l Bk Bldg, Ft Worth, TX
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Amoco Production Company Address (Give address to which approved copy of this form is to be sent)
Drawer A, Levelland, TX 79336
Phillips Petroleum Company Phillips Bldg, 4th & Washington, Odessa TX 79760
 If well produces oil or liquids, give location of tanks. Unit M Sec. 3 Twp. 18S Rge. 27E Is gas actually connected? Yes When _____

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'tv. Diff. Res'tv.
 Date Spudded 5/17/77 Date Compl. Ready to Prod. 6/30/77 Total Depth 6200' P.B.T.D. 5948'
 Pool Empire Name of Producing Formation Abo Reef Top Oil/Gas Pay 5918' Tubing Depth 5828'
 Perforations 5918-5928' Depth Casing Shoe 6198'
 TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>11"</u>	<u>8-5/8" OD</u>	<u>1000'</u>	<u>425 sx plus 2 yds Redimix</u>
<u>7-7/8"</u>	<u>5-1/2" OD</u>	<u>6198'</u>	<u>2570 sx</u>
	<u>2-3/8" OD</u>	<u>5828'</u>	

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 6/23/77 Date of Test 6/30/77 Producing Method (Flow, pump, gas lift, etc.) Flow
 Length of Test 24 hrs Tubing Pressure 90# Casing Pressure Pkr Choke Size 36/64"
 Actual Prod. During Test 231 Oil-Bbls. 231 Water-Bbls. 0 Gas-MCF 426

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 _____

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.

D. L. Shackelford
 Accountant I
 7/8/77

OIL CONSERVATION COMMISSION
 APPROVED _____, 19____
 BY W. A. Gussert
 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 allow able 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 Forms C-104 must be filed for each pool in multiple completed wells.

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**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

JUL 11 1977

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 Casinghead Gas Condensate

**O. C. C.
ARTESIA OFFICE**

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Empire Abo Unit "M"	Well No. 122	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee Federal
Location Unit Letter A ; 990 Feet From The North Line and 1300 Feet From The East Line of Section 10 , 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 Pipeline Company	Address (Give address to which approved copy of this form is to be sent) 2300 Continental Nat'l Bk Bldg, Ft Worth, TX
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Amoco Production Company Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Drawer A, Levelland, TX 79336 Phillips Bldg, 4th & Washington, Odessa TX 79760
If well produces oil or liquids, give location of tanks. Unit M Sec. 3 Twp. 18S Rge. 27E	Is gas actually connected? Yes When _____

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5/17/77	Date Compl. Ready to Prod. 6/30/77	Total Depth 6200'	P.B.T.D. 5948'					
Pool Empire	Name of Producing Formation Abo Reef	Top Oil/Gas Pay 5918'	Tubing Depth 5828'					
Perforations 5918-5928'	Depth Casing Shoe 6198'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11"	8-5/8" OD	1000'	425 sx plus 2 yds Redimix					
7-7/8"	5-1/2" OD	6198'	2570 sx					
	2-3/8" OD	5828'						

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 6/23/77	Date of Test 6/30/77	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 90#	Casing Pressure Pkr	Choke Size 36/64"
Actual Prod. During Test 231	Oil-Bbls. 231	Water-Bbls. 0	Gas-MCF 426

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

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.

OIL CONSERVATION COMMISSION
 APPROVED _____, 19____
 BY W. A. Gressett
 TITLE _____

G. L. Shackelford
 (Signature)
 Accountant I
 (Title)
 7/8/77
 (Date)

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.
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**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

JUL 11 1977

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:
 Recombination Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain) **D. C. C. ARTESIA, OFFICE**

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name Empire Abo Unit "M"	Well No. 122	Pool Name, including Formation Empire Abo	Kind of Lease State, Federal or Fee Federal
Location Unit Letter A ; 990 Feet From The North Line and 1300 Feet From The East Line of Section 10 , Township 18S Range 27E , NMF, Eddy County			

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Amoco Pipeline Company	Address (Give address to which approved copy of this form is to be sent) 2300 Continental Nat'l Bk Bldg, Ft Worth, TX
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Amoco Production Company Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Drawer A, Levelland, TX 79336 Phillips Bldg, 4th & Washington, Odessa TX 79760
If well produces oil or liquids, give location of tanks. Unit M Sec. 3 Twp. 18S Rge. 27E	Is gas actually connected? Yes When _____

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5/17/77	Date Compl. Ready to Prod. 6/30/77	Total Depth 6200'	P.B.T.D. 5948'					
Pool Empire	Name of Producing Formation Abo Reef	Top Oil/Gas Pay 5918'	Tubing Depth 5828'					
Perforations 5918-5928'			Depth Casing Shoe 6198'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8" OD	1000'	425 sx plus 2 yds Redimix
7-7/8"	5-1/2" OD	6198'	2570 sx
	2-3/8" OD	5828'	

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 6/23/77	Date of Test 6/30/77	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 90#	Casing Pressure Pkr	Choke Size 36/64"
Actual Prod. During Test 231	Oil - Bbls. 231	Water - Bbls. 0	Gas - MCF 426

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

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.

J. L. Shackelford
(Signature)
Accountant I
(Title)
7/8/77
(Date)

OIL CONSERVATION COMMISSION

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

Operator **Atlantic Richfield Company** JUL 11 1977

Address **P. O. Box 1710, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box) **O.C.C.**
ARTESIA OFFICE

New Well Change in Transporter of: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change in Ownership

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Empire Abo Unit "M"	Well No. 122	Pool Name, including Formation Empire Abo	Kind of Lease State, Federal or Fee Federal
Location Unit Letter A ; 990 Feet From The North Line and 1300 Feet From The East			
Line of Section 10 , Township 18S Range 27E , NMPM, Eddy County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Amoco Pipeline Company	Address (Give address to which approved copy of this form is to be sent) 2300 Continental Nat'l Bk Bldg, Ft Worth, TX
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) Drawer A, Levelland, TX 79336
Phillips Petroleum Company	Phillips Bldg, 4th & Washington, Odessa TX 79760
If well produces oil or liquids, give location of tanks. Unit M Sec. 3 Twp. 18S Rge. 27E	Is gas actually connected? Yes When _____

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

VI. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 5/17/77	Date Compl. Ready to Prod. 6/30/77	Total Depth 6200'	P.B.T.D. 5948'					
Pool Empire	Name of Producing Formation Abo Reef	Top Oil/Gas Pay 5918'	Tubing Depth 5828'					
Perforations 5918-5928'	Depth Casing Shoe 6198'							

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8" OD	1000'	425 sx plus 2 yds Redmix
7-7/8"	5-1/2" OD	6198'	2570 sx
	2-3/8" OD	5828'	

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 6/23/77	Date of Test 6/30/77	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 90#	Casing Pressure Pkr	Choke Size 36/64"
Actual Prod. During Test 231	Oil-Bbbls. 231	Water-Bbbls. 0	Gas-MCF 426

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

D. L. Shackelford
 (Signature)
 Accountant I
 (Title)
 7/8/77
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____ 19____
 BY *W. A. Grasset*
 TITLE _____

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**NEW MEXICO OIL CONSERVATION COMMISSION
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AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

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Effective 1-1-65

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JUL 11 1977

Operator
Atlantic Richfield Company

Address
P. O. Box 1710, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

**O. C. C.
ARTEBIA, OFFICE**

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Empire Abo Unit "M"	Well No. 122	Pool Name, including Formation Empire Abo	Kind of Lease State, Federal or Fee Federal
Location			
Unit Letter A	990 Feet From The North Line and	1300 Feet From The East	
Line of Section 10	Township 18S	Range 27E	NMPM, Eddy County

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)
Amoco Pipeline Company	2300 Continental Nat'l Bk Bldg, Ft Worth, TX
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)
Amoco Production Company	Drawer A, Levelland, TX 79336
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. 3 Twp. 18S Rge. 27E	Yes

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 5/17/77	Date Compl. Ready to Prod. 6/30/77	Total Depth 6200'	P.B.T.D. 5948'					
Pool Empire	Name of Producing Formation Abo Reef	Top Oil/Gas Pay 5918'	Tubing Depth 5828'					
Perforations 5918-5928'	Depth Casing Shoe 6198'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8" OD	1000'	425 sx plus 2 yds Redimix
7-7/8"	5-1/2" OD	6198'	2570 sx
	2-3/8" OD	5828'	

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 6/23/77	Date of Test 6/30/77	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 90#	Casing Pressure Pkr	Choke Size 36/64"
Actual Prod. During Test 231	Oil - Bbls. 231	Water - Bbls. 0	Gas - MCF 426

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

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.

D. L. Shackelford
Accountant I
7/8/77

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY *W. A. Gressett*

TITLE _____

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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.

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JUL 11 1977

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

Recompletion Casinghead Gas Condensate

Change in Ownership

Other (Please explain) _____

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Empire Abo Unit "M"</u>	Well No. <u>122</u>	Pool Name, Including Formation <u>Empire Abo</u>	Kind of Lease State, Federal or Fee <u>Federal</u>
Location Unit Letter <u>A</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>1300</u> Feet From The <u>East</u>			
Line of Section <u>10</u> , Township <u>18S</u> Range <u>27E</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 Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>2300 Continental Nat'l Bk Bldg, Ft Worth, TX</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Amoco Production Company</u> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Drawer A, Levelland, TX 79336</u> <u>Phillips Bldg, 4th & Washington, Odessa TX 79760</u>
If well produces oil or liquids, give location of tanks. Unit <u>M</u> Sec. <u>3</u> Twp. <u>18S</u> Rge. <u>27E</u>	Is gas actually connected? <u>Yes</u> When _____

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>5/17/77</u>	Date Compl. Ready to Prod. <u>6/30/77</u>	Total Depth <u>6200'</u>	P.B.T.D. <u>5948'</u>					
Pool <u>Empire</u>	Name of Producing Formation <u>Abo Reef</u>	Top Oil/Gas Pay <u>5918'</u>	Tubing Depth <u>5828'</u>					
Perforations <u>5918-5928'</u>			Depth Casing Shoe <u>6198'</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>11"</u>	<u>8-5/8" OD</u>	<u>1000'</u>	<u>425 sx plus 2 yds Redimix</u>					
<u>7-7/8"</u>	<u>5-1/2" OD</u>	<u>6198'</u>	<u>2570 sx</u>					
	<u>2-3/8" OD</u>	<u>5828'</u>						

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 <u>6/23/77</u>	Date of Test <u>6/30/77</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>90#</u>	Casing Pressure <u>Pkr</u>	Choke Size <u>36/64"</u>
Actual Prod. During Test <u>231</u>	Oil-Bbls. <u>231</u>	Water-Bbls. <u>0</u>	Gas-MCF <u>426</u>

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

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.

P. L. Shackelford
(Signature)
Accountant I
(Title)
7/8/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____ 19____
BY W.A. Gessert

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 deviator 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 Forms C-104 must be filed for each pool in multiple completed wells.