

DATE RECEIVED	8	
FILE	1	x
U.S.G.S.	3	
LAND OFFICE		
OPERATOR	1	

NEW MEXICO OIL CONSERVATION COMMISSION

C-102 and C-103
Effective 1-1-65

JUL 21 1977

O. C. C.

ARTESIA, OFFICE

SUNDY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT - (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator ☒
Atlantic Richfield Company

3. Address of Operator
P.O. Box 129 Artesia, New Mexico 88210

4. Location of Well
UNIT LETTER N 330 FEET FROM THE South LINE AND 2310 FEET FROM
THE West LINE, SECTION 26 TOWNSHIP 17-S RANGE 28-E NMPL.

15. Elevation (Show whether DF, RT, GR, etc.)
DF 3692'

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.

7. Unit Agreement Name
Empire Abo Unit

8. Form or Lease Name
EAU "D"

9. Well No.
38

10. Field and Pool or Wildcat
ABO

12. County
EDDY

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

OTHER Piping braden head to surface. ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Piping braden head to surface.

5/24/77

mw

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED N. H. Smith TITLE Dist Prod Super DATE 6-21-77

APPROVED BY W. B. Williams TITLE OIL AND GAS INSPECTOR DATE JUL 21 1977

CONDITIONS OF APPROVAL, IF ANY:

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

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

SEP 26 1973

Atlantic Richfield Company

O. C. C.
ARTESIA, OFFICE

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"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

Included in Empire Abo Unit eff:10/01/73.
Change in lease name from State "A" #18.

If change of ownership give name
and address of previous owner

Hondo Oil & Gas Company, P. O. Box 1710, Hobbs, New Mexico 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Empire Abo Unit D	38	Empire Abo	State, Federal or Fee State
Location			
Unit Letter	N	330 Feet From The	South Line and 2310 Feet From The West
Line of Section	26	Township	17S Range 28E, 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"/>	Address (Give address to which approved copy of this form is to be sent)		
AMOCO Pipe Line Company	2300 Continental Bk, Bldg. Fort Worth, TX 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)		
AMOCO Production Company	P. O. Box 68, Hobbs, New Mexico 88240		
Phillips Petroleum Company	Phillips Bldg., 4th & Washington, Odessa, TX 79760		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	P	26	17S
			28E
Is gas actually connected?	When	AMO	09/07/60
Yes		PP	09/07/60

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 Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Deptn					
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	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.


(Signature)

Senior Accounting Clerk

(Title)

September 26, 1973

(Date)

OIL CONSERVATION COMMISSION

SEP 28 1973

APPROVED _____, 19

BY  _____

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 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 well and for each completed well.