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| 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

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APR 11 1978

I.

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

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|---|-----------------|--|--|
| Lease Name Empire Abo Unit "G" | Well No. 323 | Pool Name, Including Formation Empire Abo | Kind of Lease State, Federal or Fee State |
| Location Unit Letter I, 1500 Feet From The South Line and 700 Feet From The East Line of Section 33, 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"/> Amoco Pipeline Company | Address (Give address to which approved copy of this form is to be sent) 2300 Continental Bank 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, Texas Phillips Bldg, 4th & Washington, Odessa, TX | | |
| If well produces oil or liquids, give location of tanks. | Unit K | Sec. 33 | Twp. 17 |
| | | Rge. 28 | Is gas actually connected? Yes |
| | | | When 4/2/78 |

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 3/12/78 | Date Compl. Ready to Prod. 4/2/78 | | Total Depth 6219' | | P.B.T.D. | | | |
| Pool Empire Abo | Name of Producing Formation Abo Reef | | Top Oil/Gas Pay 6197' | | Tubing Depth 6189' | | | |
| Perforations | | | | | Depth Casing Shoe | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 11" | 8-5/8" OD | 600' | 345 |
| 7-7/8" | 5-1/2" OD | 6197' | 1245 |
| | 2-3/8" OD | 6189' | |

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 4/1/78 | Date of Test 4/2/78 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 23-1/2 hrs | Tubing Pressure 80# | Casing Pressure Pkr | Choke Size 48/64" |
| Actual Prod. During Test 255 bbls | Oil-Bbls. 250 | Water-Bbls. 0 | Gas-MCF 126 |

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.

A. L. Shackelford
(Signature)

Accountant I

(Title)

4/5/78

(Date)

OIL CONSERVATION COMMISSION

APPROVED

MAY 1 1978

19

BY

W. A. Gussert

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 Forms C-104 must be filed for each pool in multiply