

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

JAN - 7 1980

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FILE		1	✓
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1/1	
OPERATOR			
PRORATION OFFICE			

I. Operator **ARCO Oil and Gas Company**  
Division of Atlantic Richfield Company

Address **Box 1710, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	Deepen, same zone	
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 \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Empire Abo Unit "G"	332	Empire Abo	State, Federal or Fee State	B-2071
Location				
Unit Letter <b>L</b> ; <b>1575</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>West</b>				
Line of Section <b>34</b> Township <b>17S</b> Range <b>28E</b> , NMPM, <b>Eddy</b> 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 Pipeline Co.	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 Co. Phillips Petroleum Company	Box 68, Hobbs, N.M. 4001 Penbrook, Odessa, TX					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	34	17S	28E	Yes	4/5/78

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X			X	X		X	
Date <del>started</del> deepening commenced <b>10/31/79</b>	Date Compl. Ready to Prod. <b>11/15/79</b>		Total Depth <b>6316'</b>		P.B.T.D. <b>6311'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3658.4' GR</b>	Name of Producing Formation <b>Abo Reef</b>		Top Oil/Gas Pay <b>6238'</b>		Tubing Depth <b>5900'</b>			
Perforations <b>6238-6248'</b>					Depth Casing Shoe <b>6216'</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" OD		750'		455			
7-7/8"	5 1/2" OD		6216'		1225			
4-3/4"	3 1/2" ID liner		TOL 6109 - BL 6216'		35			
	2-1/16" OD		5900'					

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 <b>11/13/79</b>	Date of Test <b>12/31/79</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>7 hrs</b>	Tubing Pressure <b>400#</b>	Casing Pressure <b>Pkr</b>	Choke Size <b>18/64"</b>
Actual Prod. During Test <b>22 bbls</b>	Oil - Bbls. <b>22</b>	Water - Bbls. <b>0</b>	Gas - MCF <b>238</b>

*posted ID 280 1-11-80 1000  
1-11-80 1000  
Deepe 3000  
Same 3000  
Amo 1000*

GAS WELL

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

*[Signature]*

(Signature)

Dist. Drlg. Supt.

(Title)

1/4/80

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 10 1980**, 19

BY *[Signature]*

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 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 multiply