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SANTA FE /		NEW MEXICO OIL CONSERVATION COMMISSION Form C-104	
FILE /	. REQUES	REQUEST FOR ALLOWABLE Supersedes Old C-104 6 Effective 1-1-65	
U.S.G.S.	· † · · ·	AND	
LAND OFFICE	+ AUTHORIZATION TO T	RANSPORT OIL AND NATURAL	. GAS
011 /			
TRANSPORTER GAS /,	+	RECE	IVED
OPERATOR /	 	M 14 States Stary Regal	
PRORATION OFFICE	 - 	S.P. H. Year.	Taylor St. (18) (18)
Operator)
Atlantic Richfield	Company		
Address	y company	O. E	9 - 3 a
Box 1710, Hobbs, N	lew Mexico 88240	▲RTEBIA,	GFF!CZ
Reason(s) for filing (Check prope	r box)	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry	Gas	
Change in Ownership	Casinghead Gas Cond	densate	
If change of ownership give na	ne		
and address of previous owner	,		
II. DESCRIPTION OF WELL A	ND LEASE	,	1440
Lease Name		Name, Including Formation	Kind of Lease
Empire Abo Unit "F	" 375 Er	mpire Abo	State, Federal or Fee Stat
Location	· · · · · · · · · · · · · · · · · · ·		MAST
Unit Letter E ;	1780 Feet From The North L	ine and 1175 Feet From	n The
Line of Section 35	Township 17S Range	28E , NMPM, Ed	dy Co
II. DESIGNATION OF TRANSP Name of Authorized Transporter of	ORTER OF OIL AND NATURAL O	GAS	
1		Address (Give address to which app	
Amoco Pipeline Com		2300 Continental Bk Blo	
Amoco Production C	f Casinghead Gas 📉 — or Dry Gas 🥅 — Ompany	Address (Give address to which app Drawer A, Levelland, T.	roved copy of this form is to be sent) X
Phillips Petroleum	Company	4001 Penbrook Odessa	TX
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	
	P 26 17 28	Yes	3/1/79
If this production is commingled	d with that from any other lease or pool	l, give commingling order number:	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Di- D-1 0- D-1 D-7
Designate Type of Compl	etion $-(X)$		Plug Back Same Res'v. Diff.
Date Spudded	Date Compl. Ready to Prod.	X	1 1
		Total Depth	P.B.T.D.
1/10/79 Pool	3/1/79 Name of Producing Formation	63501	6282'
	·	Top Oil/Gas Pay	Tubing Depth
Empire Abo Perforations	Abo Reef	6200'	6177'
			Depth Casing Shoe
6220-6240'	THEN CASING A		6350'
HOLE SIZE		ND CEMENTING RECORD	
11"	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	8-5/8" OD	800'	495
7-7/8"	5-1/2" OD	6350'	1293
	2-3/8" OD	6177	
V. TEST DATA AND REQUEST OIL WELL	TFUR ALLOWABLE (Test must be	after recovery of total volum <mark>e of lo</mark> ad oi lepth or be for full 24 hours)	l and must be equal to or exceed top
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	196 1
1			D- Leve
2/4/79 Length of Test	3/8/79 Tubing Pressure	F1ow Casing Pressure	Choke Size
			Chora size.
22 hrs Actual Prod. During Test	Oil-Bbls.	Pkr Water-Bbls.	Gas-MCF
382	260		10 11
1	1 200	122	168 1 4 6
GAS WELL			·
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	-	, and a supplied to the suppli	Gravity of Congensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
			C 1 1
I CERTIFICATE OF COURT	ANCE	1	
I. CERTIFICATE OF COMPLI	ANCE	II OIL CONSERV.	ATION COMMISSION (P 🗦

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)

(Title)

(Date)

Dist. Drlg. Supt.

3/14/79

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

State

Same Res'v. Diff. Res'v.

be equal to or exceed top allow-

County

This form is to be filed in compliance with RULE 1104.

SUPERVISOR, DISTRICT H

BY

TITLE.

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