

NEW MEXICO OIL CONSERVATION COMMISSION

JUL 21 1977

O. C. C.
ARTESIA, OFFICE

DATE	3	
FILE	1	✓
U.S.C.S.		
LAND OFFICE		
OPERATOR	1	

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.

SUNDY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR NOTICES TO ABANDON OR TO CHANGE OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR REPORT ON PRODUCTION 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 30 990 FEET FROM THE North LINE AND 650 FEET FROM
THE West LINE, SECTION 2 TOWNSHIP 18-S RANGE 27-E N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.)
DF 3604'

7. Unit Agreement Name
Empire Abo Unit
8. Term or Lease Name
EAU "I"
9. Well No.
13
10. Field name, pool, or wildcat
ABO
12. County
EDDY

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
SUBSEQUENT REPORT OF:
NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐ OTHER ☐ CASING TEST AND CEMENT JOBS ☐
OTHER Piping braden head to surface. ☐ OTHER ☐
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.
5/25/77
mw

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

SIGNED D. H. Smith TITLE Dist Prod Super. DATE 6-21-77
APPROVED BY W. Williams TITLE OIL AND GAS INSPECTOR DATE JUL 21 1977
CONDITIONS OF APPROVAL, IF ANY:

NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED

DEC 7 1976

NO. OF COPIES RECEIVED	3
DISTRIBUTION	
DATE	1
FILE	1
S.G.S.	
AND OFFICE	
PERATOR	1

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
E-5461
7. Unit Agreement Name
Empire Abo Pressure Maintenance Project
8. Farm or Lease Name
Empire Abo Unit "I"
9. Well No.
13
10. Field and Pool, or Without
Empire Abo
12. County
Eddy

SUNDY NOTICES AND REPORTS ON WELLS
DO NOT USE THIS FORM FOR OPERATIONS TO OIL OR GAS IN A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT TO DRILL (C-101) FOR SUCH OPERATIONS.

O.C.C.
ARTEBIA, OFFICE

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator
Atlantic Richfield Company

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

Location of Well
UNIT LETTER D 990 FEET FROM THE North LINE AND 650 FEET FROM
THE West LINE, SECTION 2 TOWNSHIP 18S RANGE 27E NMPH.

15. Elevation (Show whether DF, RT, CR, etc.)
3604' RDB

6. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPS. ☐ PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐ OTHER ☐ CASING TEST AND CEMENT JOBS ☐

OTHER SI-Allowable Transferred ☒

SUBSEQUENT REPORT OF:

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.

This well was shut-in on 9-16-76 after testing for 72 hrs. @ a stabilized rate of production to determine the transfer of allowable credit to other producing wells in the Empire Abo Pressure Maintenance Project area. This well is presently shut-in.

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

SIGNED [Signature] TITLE Sr. Dist. Prod. Supv. DATE 12-01-76

APPROVED BY W. A. Gressett TITLE SUPERVISOR, DISTRICT II DATE FEB 1 1977

CONDITIONS OF APPROVAL, IF ANY
Expires 10-1-77

NO. OF COPIES RECEIVED		10
DISTRIBUTION		
SANITARY		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	2
OPERATOR		1
PRODUCTION 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

DEC 4 1975

Operator Atlantic Richfield Company		O.C.C.
Address P. O. Box 1710, Hobbs, New Mexico 88240		ARTESIA, OFFICE
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Change in location of tank btty. Eff: 11/01/75
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Empire Abo Unit "I"	Well No. 13	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee State	Lease No. E-5461
Location Unit Letter D ; 990 Feet From The North Line and 650 Feet From The West Line of Section 2 Township 18S Range 27E, NMPM, 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 Cont. Nat'l Bk Bldg., Ft. Worth, TX 76102					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company Amoco Production Company	Address (Give address to which approved copy of this form is to be sent) Phillips Bldg., 4th & Wash., Odessa, TX 79760 P. O. Box 367, Andrews, TX 79714					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 2	Twp. 18S	Rge. 27E	Is gas actually connected? Yes	When 09/03/60

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 Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
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 (pilot, 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.

A. L. Shackelford
(Signature)

Accountant I
(Title)

November 26, 1975

(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 18 1975

BY W. A. Gressett

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 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 multiple.

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

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 type="checkbox"/>	Change in Transporter of:	Included in Empire Abo
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Unit eff: 10-1-73. Change in lease
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	name from State BA #1.
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	
Change of ownership give name and address of previous owner	AMOCO Production Company P. O. Box 68, Hobbs, New Mexico	

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Empire Abo Unit I	13	Empire Abo	State, Federal or Fee State	
Location	Unit Letter D 990 Feet From The North Line and 650 Feet From The West			
Line of Section 2	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"/>	Address (Give address to which approved copy of this form is to be sent)
AMOCO Pipe Line Company	2300 Continental Bk. Bldg., Ft. Worth, Tex. 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
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
L 2 18S 27E	yes 9-3-60

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 Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
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 (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.

Sr. Acctg. Clerk

(Title)

9-26-73

(Date)

OIL CONSERVATION COMMISSION

SEP 28 1973

APPROVED

BY

OIL AND GAS INSPECTOR

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 conditions.

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