		,,,	
NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE		,	
FILE			5000
u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	2	
OPERATOR		1	
PRORATION OFFICE		1	<u></u>
0-11-11-1			

II.

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

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 completed wells.

u.s.g.s.	AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GA	· · · · · · · · · · · · · · · · · · ·	
LAND OFFICE IRANSPORTER OIL /	RECEIVED			
GAS 2			DEC 4 1975	
PRORATION OFFICE			DEC = 1970	
Operator Atlantic Richfield Compa	iny V		n.c.c.	
Address			ARTESIA, OFFICE	
P. O. Box 1710, Hobbs, M	New Mexico 88240	Other (Please explain)		
Reason(s) for filing (Check proper box) New Well	Change in Transporter of:		on of tank battery.	
Recompletion	Oil Dry Gas	Effective: 11/01	./75	
Change in Ownership	Casinghead Gas Condensa	ite 🔲		
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND L	EASE	ration Kind of Lease	Lease No.	
Lease Name	Well No. Pool Name, Including Form	1,41,51,	or Fee State B-7244	
Empire Abo Unit "J"	14 Empire Abo			
_	80 Feet From The North Line	and 1905 Feet From T	he West	
-	nshin 18S Range 2	27E , NMPM, Edd	County	
Line of Section 2 Tow	nship 185 Range 2	, 1111 (1)		
Name of Authorized Transporter of Oil		2300 Continental Nat'l : Fort Worth: TX 76102	BK. Blag.	
Amoco Pipeline Company Name of Authorized Transporter of Cas	inghead Gas X or Dry Gas	1 ddags (Cine address to which approx	sh., Odessa, Texas 79760	
Phillips Petroleum Comp Amoco Production Compan	y F	P.O. Box 367, Andrews, Is gas actually connected?	ICAAS TOTIL	
If well produces oil or liquids, give location of tanks.	F 2 18S 27E	Yes	09/03/60	
If this production is commingled wit	h that from any other lease or pool, g		To Date Date Diff Books	
COMPLETION DATA	Oil won	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completio	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	
Elevations (Dr., ARD, A7, GR, etc.)			Depth Casing Shoe	
Perforations				
	TUBING, CASING, AND	CEMENTING RECORD DEPTH SET	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	UEFTH SET		
		to a second and a second of load oil	and must be equal to or exceed top allow-	
. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be affined able for this deposit of the control of the co	pth or be for full 24 hours)		
OII. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas • MCF	
Return Proces Burny				
CAC WELT				
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Since 22)			
I. CERTIFICATE OF COMPLIAN	NCE	OIL CONSERV DEC 18	ATION COMMISSION 1975	
			Gresset	
		SUPERVISOR, DISTRICT II		
TITLE		compliance with BILL E 1104.		
This form is to be filed in compliance with RULE 1 If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of t		ble for a newly drilled or deepened		
(Signature)				
•	untant I	tests taken on the well in accordance with Adda the sections of this form must be filled out completely for allow		
(Title)		able on new and recompleted wells.		

(Date)

November 26, 1975