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U.S.G.S.		i i	
LAND OFFICE			
IRANSPORTER	OIL	1	
	GAS		
OPERATOR		i	
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

	KEQUESI F	OR ALLOWABLE	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRAI	AND	UDAL CAC	
LAND OFFICE	AUTHORIZATION TO TRAI	NSPURT OIL AND NATI	URAL GASECEIVED	
OIL /				
TRANSPORTER GAS			DEC 4 1975	
OPERATOR			DEC 4 1979	
PRORATION OFFICE				
Operator	·		U. G. G.	
Atlantic Richfield Comp	pany /		ARTESIA, OFFICE	
Address	22242			
P. O. Box 1710, Hobbs,				
Reason(s) for filing (Check proper box)	Other (Please expl	-	
New Well	Change in Transporter of:		location of tank battery.	
Recompletion	Oil Dry Gas		11/01/75	
Change in Ownership	Casinghead Gas 🔥 Condens	sate		
If change of ownership give name			t.	
and address of previous owner				
DESCRIPTION OF WELL AND	IFACE			
Lease Name	Well No. Pool Name, Including Fo	ormation Kind	t of Lease No.	
Empire Abo Unit "K"	14 Empire Abo	Stat	e, Federal or Fee State	
Location				
Unit Letter K ; 198	30 Feet From The South Line	e andF	eet From The West	
J				
Line of Section 2 To	wnship 18S Range	27E , NMPM,	Eddy County	
	-			
	TER OF OIL AND NATURAL GA	S	ich approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil				
Amoco Pipeline Company Name of Authorized Transporter of Ca		2300 Cont. Nat'l Bl	k Bldg., Ft. Worth, TX 76102 ich approved copy of this form is to be sent)	
lPhillips Petroleum Comm	singhedd Gds A or Dry Gds A cany	Phillips Bldg., 4th	n&Wash.,Odessa, Texas 79760 drews, Texas 79714	
Amoco Production Company	Twp. Rge.	P. O. BOX 367, And Is gas actually connected?	When	
If well produces oil or liquids, give location of tanks.	F 2 18S 27E	Yes	09/03/60	
	<u>l</u>	<u> </u>		
If this production is commingled wince COMPLETION DATA	th that from any other lease or pool,	give commingling order num	noer:	
	Oil Well Gas Well	New Well Workover D	eepen Plug Back Same Res'v. Diff. Res'v	
Designate Type of Completi	on = (X)	1		
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	
		CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
The state of the s	SOR ALLOWARIE (Ton Two be a	the recovery of total volume of	f load oil and must be equal to or exceed top allow	
. TEST DATA AND REQUEST F	able for this de	pth or be for full 24 hours)	y toda ott and mass of equal to or exceed top arrow	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	mp, 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	Bbis. Condensate/MMCF	Gravity of Condensate	
		One to December 4 character) Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in	, Choke Size	
		1		
L CERTIFICATE OF COMPLIAN	NCE		NSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED DEC 18 1975		
		APPROVED AL C. Gressett		
above is true and complete to the	with and that the information given he best of my knowledge and belief.	BY Well	; y value ~	
			SOR, DISTRICT II	
D'L. Shackelfarel		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.		
(Title) November 26, 1975		able on new and recon	spleted wells.	

(Date)

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.