

| | |
|------------------|-------|
| DISTRIBUTION | |
| SANTA FE | 1 |
| FILE | 1 |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL 1 |
| | GAS 2 |
| OPERATOR | 1 |
| PRORATION 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

MAR 14 1979

| | | | |
|---|--------------------------|--|-------------------------|
| Operator | | ARCO Oil and Gas Company - Division of Atlantic Richfield Company | |
| 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: | Change in Operator Name |
| Recompletion | <input type="checkbox"/> | Oil <input type="checkbox"/> | effective: 4-1-79 |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | |
| | | Dry 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 |
| Empire Abo Unit "K" | 12 | Empire Abo | State, Federal or Fee Federal |
| Location | | | |
| Unit Letter | I | 1980 Feet From The | South Line and 660 Feet From The East |
| Line of Section | 3 | 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 Pipeline Company | 2300 Continental National Bank Bldg. Ft. Worth, Texas 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 Phillips Petroleum Company | P.O. Drawer A, Levelland, Texas 79336 4001 Penbrook, Odessa, Texas 79760 | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. |
| | M | 3 | 18 |
| | | | 27 |
| Is gas actually connected? | When | | |
| Yes | AMOC PP 9-3-60 | | |

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

| | | | | | | | | |
|--------------------------------------|-----------------------------|-----------------|--------------|----------|--------|-----------|-------------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| No Change | | | | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| No Change | | | | | | | | |
| Pool | 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 | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

VI. 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.) | |
| No Change | | | |
| 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 | Casing Pressure | Choke Size |
| | | | |

VII. 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.

Dorothy V. Parks
(Signature)
District Prod & Drlg Supt.
(Title)
3-7-79
(Date)

OIL CONSERVATION COMMISSION
APPROVED APR 09 1979
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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.