| | 6 | | | | |
|---|----------------------------|--|--|--|--|
| CISTRIBUTION | <u>ا</u> | | NSERVATION COMMISSION | Form C -104 | |
| SANTA FE | | ··· REQUEST F | OR ALLOWABLE | Supersedes Old C+104 and C+110 Elfoctive 1-1-65 | |
| FILE | <i>V</i> | | AND NSPORT OIL AND NATURAL G | 245 | |
| LAND OFFICE | | AUTHORIZATION TO TRAP | SFORT OIL AND NATORAL G | | |
| | 01L / | | | | |
| | GAS 2 | | | RECEIVED | |
| OPERATOR | | | · · · | | |
| K PRORATION OFFI | | | | MAR 1 4 1979 | |
| Cperator ARCO Oil and Gas Company - Division of Atlantic Richfield Company | | | | | |
| Address | | | | | |
| P. 0. | Box 1710, | Hobbs, New Mexico 88240 | | States, Drives | |
| Reason(s) for filing ((| heck proper box) | | Other (Please explain) | No. | |
| New Well | = | Change in Transporter of: Oil Dry Gas | Change in Operat | , | |
| Change in Ownership | | Casinghead Gas Condens | | | |
| | | | | | |
| If change of ownership give name | | | | | |
| | | | | | |
| . DESCRIPTION OF | WELL AND L | .EASE Well No., Pool Nam | e, including Formation | Kind of Lease | |
| Lease Name | ···· · · · / " | | re Abo | State, Federal or Fee Forderal | |
| Empire Abo I | Jnit / | | | | |
| Unit Letter | . 165 | D_ Feet From The Marth Line | and <u>310</u> Feet From | The East | |
| | / · | | | | |
| Line of Section | 10 , Town | nship 185 Range 2 | .TE, NMPM. | Eddy County | |
| | | | | | |
| L DESIGNATION OF | TRANSPORT | CT Condensate | Address (Give address to which appro | ved conv of this form is to be sent) | |
| A DESIGNATION OF TRANSFORTER OF OIL AND ATTORNED GIVE address to which approved conv of this form is to be sent) Name of Authorized Transporter of Cill or Condensate Amoco. Bipeline Company Amoco. Bipeline Company T. Worth, Texas 76102 | | | | | |
| Amoco Pipel: Name of Authorized T | ransporter of Cast | Inghead Gas V or Dry Gas | Address (Give address to which appro P.O. Drawer A, Levella | ued copy of this form is 10 be sent) | |
| Amoco Produ Phillips Pe | ction Compa troleum Com | ny . pany | 4001 Penbrook, Odessa, | Texas 79760 | |
| If well produces oil o | | Unit Sec. Twp. Ege. | Is gas actually connected? | moupp 9-3-60 | |
| give location of tanks | | C 11 18 27 | yes a | 110477 9-3 60 | |
| If this production is commingled with that from any other lease or pool, give commingling order number: | | | | | |
| V. COMPLETION DA | | Cil Well Gas Well | New Well Workover Deepen | Plug Back Same Restv. Diff. Restv. | |
| Designate Type | e of Completion | $\mathbf{n} = (\mathbf{X})$ | | 1 | |
| Date Spudded | | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | |
| No Change | | | | Tubing Depth | |
| Pool | | Name of Producing Formation | Top Cil/Gas Pay | | |
| Perforations | | ··· | | Depth Casing Shoe | |
| | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | |
| HOLE | SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| | . <u> </u> | | · · · · · · · · · · · · · · · · · · · | | |
| | | | · · · · · · · · · · · · · · · · · · · | | |
| | <u></u> | | · · · · · · · · · · · · · · · · · · · | | |
| F. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- | | | | | |
| OIL WELL able for this depth or be for full 24 hours, | | | | | |
| Date First New Cli F | lun To Tanks | Date of Test | Producing Method (Flow, pump, gas l | .,,, e.c., | |
| No Change Length of Test | | Tubing Pressure | Casing Pressure | Choke Size | |
| Laudin or test | | | | | |
| Actual Prod. During | Test | Oil-Bhis. | Water - Bbls. | Gas - MCF | |
| | | | | | |
| | | | | | |
| GAS WELL | | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | |
| Actual Prod. Test-3 | aur/U | Leingen et i Ear | | | |
| Testing Method (pito | st, back pr. j | Tubing Pressure | Casing Pressure | Choxe Size | |
| | | | | | |
| 5. CERTIFICATE OF COMPLIANCE | | | OIL CONSERV | OIL CONSERVATION COMMISSION | |
| | | | APR 9 | APR 9 - 1979 | |
| I hereby certify that | it the rules and i | regulations of the Oil Conservation | APPROVED | | |
| Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | | BY_ W. C. Susset | | |
| _ | | | TITLE SUPERVISOR, DISTRICT IL | | |
| | ~ | ` A | | | |
| Denze 1. Richs | | | This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened | | |
| (Signature) | | | well this form must be accompanied by a tabulation of the deviation | | |
| District Prod & Drlg Supt. | | | tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- | | |
| (Title) able on new and recompleted | | | | veils. | |
| 3-7-79 | | | Fill out Sections I. II. II | I, and VI only for changes of owner, | |