

NO. OF COPIES RECEIVED	3
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
OPERATOR	1

NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED

JUN 16 1976

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	State <input checked="" type="checkbox"/> A	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	E-1049	

SUNDARY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
SEE APPLICATION FOR PERMIT TO DRILL (FORM C-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	ARTESIA, OFFICE
2. Name of Operator	Atlantic Richfield Company
3. Address of Operator	P. O. Box 1710, Hobbs, New Mexico 88240
4. Location of Well	UNIT LETTER <u>E</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>16</u> TOWNSHIP <u>18S</u> RANGE <u>27E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)	3464' GR

7. Unit Agreement Name	
8. Form or Lease Name	Empire Abo Unit "R"
9. Well No.	1 5
10. Field and Pool, or Wildcat	Empire Abo
12. County	Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	TA - Allow, Transferred <input checked="" type="checkbox"/>
OTHER <input type="checkbox"/>	Pressure Observation - Well <input checked="" type="checkbox"/>

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 1503.

The above well was shut in on October 1, 1973. This well was shut in because it was a high GOR well. The allowable was transferred under NMOCC Orders R4548, R4549, R4549A, R4549B. Holding for secondary recovery and as a pressure observation well. The status of well is subject to change as the producing characteristics of the unitized area changes. No estimated date of change of status. This well is part of the Empire Abo Pressure Maintenance Project per OCC Order No's. R4548, R4549 & as amended. Request an extension of present status.

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

SIGNED W. A. Gressett TITLE Dist. Prod. & Drlg. Supt. DATE June 15, 1976

APPROVED BY W. A. Gressett TITLE SUPERVISOR, DISTRICT II DATE JUN 21 1976

CONDITIONS OF APPROVAL, IF ANY:

Expires 10-1-76

NO. OF COPIES RECEIVED	3
DISTRIBUTION	
SANTA FE	1
FILE	1 ✓
U.S.G.S.	
LAND OFFICE	
OPERATOR	1

NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED

OCT 29 1974

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E-1049
7. Unit Agreement Name
8. Farm or Lease Name Empire Abo Unit R
9. Well No. 5
10. Field and Pool, or Wildcat Empire Abo
12. County Eddy

SUNDY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG A WELL IN A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER- ☐

2. Name of Operator
Atlantic Richfield Company ✓

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

4. Location of Well
UNIT LETTER E, 1980 FEET FROM THE North LINE AND 660 FEET FROM
THE West LINE, SECTION 16 TOWNSHIP 18S RANGE 27E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3464' GR

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <u>Shut in, Allowable Transferred</u> <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

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.

The above well was shut-in on October 1, 1973. This is a high GOR well. Allowable was transferred under NMOCC orders R-4548, R-4549, R-4549-A, R-4549-B. Also holding for secondary recovery.

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

SIGNED <u>W. A. Gressett</u>	TITLE <u>Dist. Prod. & Drlg. Supt.</u>	DATE <u>October 31, 1974</u>
APPROVED BY <u>W. A. Gressett</u>	TITLE <u>OIL AND GAS INSPECTOR</u>	DATE <u>NOV 22 1974</u>
CONDITIONS OF APPROVAL, IF ANY:		

APPLANT		
FILE		
S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROPRATION OFFICE		

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

1. Operator	Atlantic Richfield Company	O. C. C.
Address	P. O. Box 1710, Hobbs, N.M. 88240	ARTESIA, OFFICE
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	Included in Empire Abo Unit eff:10/01/73.
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Change in lease name from CBDU A #13.
Change in Ownership <input checked="" 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 Exxon Corporation, Box 1600, Midland, TX 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Empire Abo Unit R	5	Empire Abo	State, Federal or Fee State	
Location				
Unit Letter E	1980	Feet From The North	Line and 660	Feet From The West
Line of Section 16	Township 18S	Range 27E	NMPM,	Eddy County

*This is a split gas connection.

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. Fort Worth, TX 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. Box 68, Hobbs, New Mexico 88240 Phillips Bldg., 4th & Washington, Odessa, TX 79760					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	17	18S	27E	Yes	AMO 04/28/61 PP 05/02/61

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.

A. L. Shackelford
(Signature)
Senior Accounting Clerk
(Title)
September 26, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 28 1973, 19
BY W. A. Gussert
TITLE OIL AND GAS INSPECTOR

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 now 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 multiply completed wells.