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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

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FEB 20 1975

I. Operator
Atlantic Richfield Company ✓
Address
P. O. Box 1710, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

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	Lease No.
Empire Abo Unit "J"	211	Empire Abo	State, Federal or Fee State	B-11594
Location				
Unit Letter	E	2630	Feet From The North	Line and 1300
Feet From The West				
Line of Section	6	Township	18S	Range 28E
, 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 Bk 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	P. O. Box 367, Andrews, Texas 79714					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	6	18S	28E	Yes	2/19/75

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.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
12/12/74	2/11/75		6200'			6196' 6/20		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
3644.2' GR	Abo Reef		6020'			5958'		
Perforations						Depth Casing Shoe		
6020-6040', 6158-64, 6166-72 & 6174-77' 2 JSPE (CIBP @ 6120')						6200'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12-1/4"	8-5/8" OD		990'			700		
7-7/8"	5-1/2" OD		6200'			1150 Circ to surface		
						DV tool @ 4500'		
	2-3/8" OD					5958'		

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.)	
2/11/75	2/18/75	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	120#	Pkr	48/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
643	611	32	362

GAS WELL

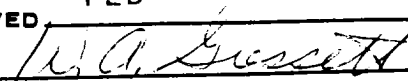
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.


(Signature)
Dist. Drlg. Supv.
(Title)
2/19/75
(Date)

OIL CONSERVATION COMMISSION
FEB 27 1975

APPROVED _____, 19____
BY 
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 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.