

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

APR - 6 1976

Operator Atlantic Richfield Company ✓		O. C. C. ARTESIA, OFFICE
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 well to battery eff: 4-1-76.
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	(Formerly produced to battery located
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Unit Ltr C, Sec. 11-18-27.)
	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 Empire Abo Unit "L"	Well No. 141	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee	State	Lease No. B-7244
Location Unit Letter <u>N</u> ; <u>1050</u> Feet From The <u>South</u> Line and <u>1360</u> Feet From The <u>West</u>					
Line of Section <u>2</u> Township <u>18S</u> Range <u>27E</u> , 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"/> Amoco Pipeline Company	Address (Give address to which approved copy of this form is to be sent) 2300 Cont. Bk. Bldg. Ft. Worth, Tex. 76102					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company Amoco Production Company	Address (Give address to which approved copy of this form is to be sent) Phillips Bldg, 4th & Washington, Odessa, Tex 7976 P.O. Box 367, Andrews, Tex 79714					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 2	Twp. 18S	Rge. 27E	Is gas actually connected? Yes	When 7-31-75

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.
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.

Shackelford
(Signature)
Accountant I
(Title)
4-5-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR - 6 1976
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 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.