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DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION		ION	Form C-104
SANTA FE	į	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110
FILE , ~	AND Effective 1-1-65			
U.S.G.S.	AUTHORIZATION TO TE	RANSPORT OIL AND NA	TURAL GAS	
LAND OFFICE			05051	\/ C D
TRANSPORTER GAS)-	RECEIVED			
OPERATOR :			NOV 1.8	1075
1. PRORATION OFFICE. Operator			NUV 1-8	137.3
Atlantic Richfield Co	ompany 🗸		0. c.	6
P. O. Box 1710, Hobbs	, New Mexico 88240		ARTESIA, E	
Reason(s) for filing (Check proper box,)	Other (Please ex	plain)	
New Well	Change in Transporter of:	,		
Recompletion	Oil Dry	<u> </u>		
Change in Ownership	Casinghead Gas Cond	densate		
If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AND	LEASE			makalangangan di dalah d
Lease Name	Well No. Pool Name, Including		nd of Lease ate, Federal or Fee	Lease No.
Empire Abo Unit L	Empire Abo Unit "L" 151 Empire Abo		ote, redetal of ree	State B-7244
Unit Letter O ; 1110	Feet From The South I	ine and 1322	Feet From The	East
	wnship 18S Range	27E , NMPM,	Eddy	County
	TOTAL OF OUR ARID MISSELLE AT	TI A CI		
II. DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Cil	(X) or Condensate	Address (Give address to t	vhich approved copy	of this form is to be sent)
Amoco Pipeline Compar		2300 Continental	Bk Bldg, Ft	Worth, Tx 76102
Name of Authorized Transporter of Can Amoco Production Comp	singhead Gas X or Dry Gas Anv	Address (Give address to a Box 367, Andrews	Texas 7971	4
Phillips Petroleum Co	ompany Unit Sec. Twp. Rge.	Phillips Bldg, 4	h & Yashing	ton, Odessa, Tx 7270
If well produces oil or liquids, give location of tanks.	C 11 18S 27		11/5	/75
If this production is commingled wi	th that from any other lease or poo	ol, give commingling order n	umber:	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug I	Back Same Resty. Diff, Acsty.
Designate Type of Completion	1 24	X		1
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T	•
9/22/75	11/4/75	6285 Top Oil/Gas Pay		22 [†]
Elevations (DF, RKB, RT, GR, etc.) 3555.4 GR	Name of Producing Formation Abo	5873 t		09'
Perforations	Abo	0010		Casing Shoe
I -	78, 79, 80, 81, 82, 8	3, 5884'	62	85 '
	TUBING, CASING, A	AND CEMENTING RECORD		
HOLESIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT
11"	8-5/8" OD	1016'	l.	sx plus 4 yds redim
7-7/8"	5 ½ OD	6285 '	104	5 sx
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must b	e after recovery of total volume	of load oil and mus	t be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	able for this	Producing Method (Flow,	pump, gas lift, etc.)	
11/4/75	11/6/75		Flow	
Length of Test	Tubing Pressure	Casing Pressure	1 -	e Size
24 hrs	185#	Pkr		/64"
Actual Prod. During Test 806 bbls	Oil-Bbls. 806 40	Water - Bbls.	Gas-	MCF 317
OOO DDIE	1 000			O ± 1
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravi	ty of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Ebut-1	n) Chok	e Sixe
VI. CERTIFICATE OF COMPLIANCE		OIL C	NOV 26	i commission 1975

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.

Date)

Accountant I

(Title) 11/12/75

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 dispense well, this form must be accompanied by a tabulation of the Covieties tests taken on the well in accordance with MULE 111.

All sections of this form must be filled out completely for shows able on new and recompleted wells.

Fill out only Sections I. R. III. and VI for changes of control well name or number, or transported or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply