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OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

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

SEP 24 1975

Operator		O. C. C.	
Atlantic Richfield Company		ARTESIA, OFFICE	
Address			
P. O. Box 1710, Hobbs, New Mexico 88240			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input 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 _____

Lease Name		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Empire Abo Unit "J"		191	Empire Abo	State, Federal or Fee Federal	LC062412
Location					
Unit Letter	G	2500	Feet From The East	Line and	2500
				Feet From The North	
Line of Section	1	Township	18S	Range	27E
				NMPM	Eddy
				County	

I. 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 Nat'l Bank Bldg, Ft Worth, Tx		
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		Box 367, Andrews, Texas 79714		
Phillips Petroleum Company		Phillips Bldg, 4th & Washington, Odessa, Tx 79760		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	F	1	18S	27E
		Is gas actually connected?		When
		Yes		9/8/75

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. 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.			
8/5/75	9/7/75		6259'			6222'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
3635.7' GR	Abo		6055'			5984'			
Perforations						Depth Casing Shoe			
6055-70 6075-90						6259'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"		8-5/8" OD		1001'		550 sx + 10 yds Redimix			
7-7/8"		5-1/2" OD		6259'		1095 sx			
		2-3/8" OD		5984'					

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.)	
9/7/75	9/13/75	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	80#	Pkr	36/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
397 bbls	397	0	240

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		OIL CONSERVATION COMMISSION	
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.		SEP 30 1975	
APPROVED _____, 19____		BY <u>W. A. Gressett</u>	
TITLE <u>SUPERVISOR, DISTRICT II</u>			
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 shut-in tests taken on the well in accordance with RULE 111.			
All sections of this form must be filled out completely for all wells on new and recompleted wells.			
Fill out only Sections I, II, III, and VI for changes of lease, well name or number, or transporter, or other such change of conditions.			
Separate Forms C-104 must be filed for each pool in multi-completed wells.			
<u>C. L. Shackelford</u> (Signature)			
Accountant I			
(Title)			
9/16/75			
(Date)			