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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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JUL 29 1975

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 checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Empire Abo Unit "J"	Well No. 201	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee Federal	Lease No. LC062412
Location Unit Letter <u>H</u> ; <u>2501</u> Feet From The <u>North</u> Line and <u>20</u> Feet From The <u>East</u> Line of Section <u>1</u> Township <u>18S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> County				

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 Continental National Bank Bldg Fort Worth, Texas 76102			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> AMOCO Production Company Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Box 68, Hobbs, N.M. 88240 Phillips Bldg, 4th & Washington, Odessa, Tx 79760			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 6	Twp. 18S	Rge. 28E
	Is gas actually connected? Yes		When 7/20/75	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6/28/75	Date Compl. Ready to Prod. 7/19/75		Total Depth 6225'		P.B.T.D. 6175'			
Elevations (DF, RKB, RT, GR, etc.) 3652.5' GR	Name of Producing Formation Abo		Top Oil/Gas Pay 6108'		Tubing Depth 6040'			
Perforations 6108, 13, 18, 23, 30, 6136'					Depth Casing Shoe 6225'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" OD		1012'		525 sx & 5 yds Redi-mix			
7-7/8"	5-1/2" OD		6225'		930 sx			
	2-3/8" OD		6040'					

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 7/19/75	Date of Test 7/22/75	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 175#	Casing Pressure Pkr	Choke Size 36/64"
Actual Prod. During Test 834	Oil-Bbls. 834	Water-Bbls. 0	Gas-MCF 509

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

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.

D. L. Shackelford
(Signature)
Accountant I
(Title)
7/23/75
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 1 1975, 19_____
BY James D. Bergeron
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 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.