

6  
SANTA FE  
FILE  
U.S.G.S.  
LAND OFFICE  
TRANSPORTER  
OIL  
GAS  
OPERATOR  
PRORATION OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-111  
Effective 1-1-65

MAY 3 1976

O.C.C.

ARTESIA, OFFICE

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 Empire Abo Unit "J"	Well No. 221	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee State	Lease No. B11594-3
Location Unit Letter F ; 2713 Feet From The West Line and 2610 Feet From The North 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"/> Amoco Pipeline Company	Address (Give address to which approved copy of this form is to be sent) 2300 Continental Bk Bldg, Ft Worth, Tx 76100					
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 367, Andrews, Texas 79714 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 4/27/76

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 3/29/76	Date Compl. Ready to Prod. 4/23/76	Total Depth 6305'		P.B.T.D. 6234'				
Elevations (DF, RKB, RT, GR, etc.) 3660.8' GR	Name of Producing Formation Abo Reef		Top Oil/Gas Pay 6146'		Tubing Depth 6079'			
Perforations 6146-6174' (2 JSPF = 56 holes)					Depth Casing Shoe 6300'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" OD		553'		350 SX			
7-7/8"	5-1/2" OD		6300'		1485 SX			
	2-3/8" OD		6079'					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 4/23/76	Date of Test 4/28/76	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 125#	Casing Pressure Pkr	Choke Size 48/64"
Actual Prod. During Test 691 bbls	Oil - Bbls. 690	Water - Bbls. 1	Gas - MCF 312

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.

L. L. Mackallard  
(Signature)

Accountant I

(Title)

4/29/76

(Date)

OIL CONSERVATION COMMISSION

JUN 1 1976

APPROVED \_\_\_\_\_, 19

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