

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

N. M. O. &amp; C. COPY

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

RECEIVED

OCT 1 1976

RECEIVED

SEP 30 1976  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

Operator Atlantic Richfield Company	
Address P. O. Box 1710, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
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"/>
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 "K"	Well No. Pool Name, including Formation 191 Empire Abo	Kind of Lease State, Federal or Fee Federal	Lease No. NM016788
Location			
Unit Letter J ; 1526 Feet From The South Line and 1470 Feet From The East			
Line of Section 1 Township 18S Range 27E , 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"/>	Address (Give address to which approved copy of this form is to be sent)		
Amoco Pipeline Company	2300 Continental Nat'l Bk 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	Drawer A, Levelland, Texas 79336		
Phillips Petroleum Company	Phillips Bldg, 4th & Washington, Odessa TX		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.
F	1	18S	27E
Is gas actually connected?	When		
Yes	9/26/76		

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't. <input type="checkbox"/>	Diff. Res't. <input type="checkbox"/>
Date Spudded 8/27/76	Date Compl. Ready to Prod. 9/22/76		Total Depth 6350'		P.B.T.D. 6304'			
Elevations (DF, RKB, RT, GR, etc.) 3627.4' GR	Name of Producing Formation Abo Reef		Top Oil/Gas Pay 5984'		Tubing Depth 5962'			
Perforations 5984-98'					Depth Casing Shoe 6350'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" OD		1000'		400			
7-7/8"	5-1/2" OD		6350'		1350			
	2-3/8" OD		5962'					

## 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 9/23/76	Date of Test 9/25/76	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 160#	Casing Pressure Pkr	Choke Size 48/64"
Actual Prod. During Test 579 bbls	Oil-Bbls. 579	Water-Bbls. 0	Gas-MCF 373

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.



Accountant I

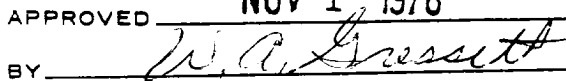
(Title)

9/28/76

(Date)

## OIL CONSERVATION COMMISSION

APPROVED NOV 1 1976

BY   
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 multiple