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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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MAY 25 1977

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. 141	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee State	Lease No. B-8814-12
Location				
Unit Letter K ; 1370 Feet From The South Line and 2445 Feet From The West				
Line of Section 2 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"/> Amoco Pipeline Company	Address (Give address to which approved copy of this form is to be sent) 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"/> Amoco Production Company Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Drawer A, Levelland, TX 79336 Phillips Bldg, 4th & Washington, Odessa, TX			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 2	Twp. 18S	Rge. 27E
Is gas actually connected?		When 5/17/77		

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 4/7/77	Date Compl. Ready to Prod. 5/17/77		Total Depth 6203'		P.B.T.D. 6155'			
Elevations (DF, RKB, RT, GR, etc.) 3521'	Name of Producing Formation Abo Reef		Top Oil/Gas Pay 5990'		Tubing Depth 5985'			
Perforations 5990-6024', 6100'					Depth Casing Shoe 6203'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" OD		1006'		360			
7-7/8"	5-1/2" OD		6203'		1277			
	2-3/8" OD		5985'					

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 5/8/77	Date of Test 5/18/77	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 130#	Casing Pressure Pkr	Choke Size 48/64"
Actual Prod. During Test 573	Oil-Bbls. 573	Water-Bbls. 0	Gas-MCF 328

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.

(Signature)  
Accountant I  
5/23/77  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 1 1977  
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 completed wells.