7/26/77

This well was not shown on the August list from Atlantic.

Norman Truitt said this morning that he is not going to put this well on production until September.

We told him that we needed deviations on this well and he said that he would get them for us.

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NO. OF COPIES RECEIVED	NEW MEXICO OIL CO	NSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110
SANTA FE	REQUEST F	OR ALLOWABLE	Effective 1-1-65
		AND	_
FILE	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GA	.S
U.S.G.S.	Administration		
OIL			
TRANSPORTER GAS	RE	CEIVED	
OPERATOR			
PRORATION OFFICE		1077	
Cpergior co origination	JU	L 1 1 1977	
Atlantic Richfield Compa	any		
Address		D. C. C.	
P. O. Box 1710, Hobbs,	New Mexico 88240 ART	EBIA, DFFICE Other (Please explain)	
Reason(s) for filing (Check proper box)			
New Well	Change in Transporter of:	s []	
Recompletion	Oil Dry Gas Casinghead Gas Conden		
Change in Ownership	Casinghead Gus		
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND L	EASE Well No. Pool Nat	me, Including Formation	Kind of Lease
Lease Name		npire Abo	State, Federal or Fee Federal
Empire Abo Unit "M"			
Location A . 990	Feet From The North	ne and 1300 Feet From 1	The East
Unit Letter A ; 990	Feet From TheE		
Line of Section 10 , Towr	aship 18S Range	27E , NMPM,	Eddy County
Line of Section 10 , Towr	sing 100		
DESIGNATION OF TRANSPORT	FR OF OIL AND NATURAL GA	Address (Give address to which appro-	and come of this form is to be sent)
Name of Authorized Transporter of Oil	x or Condensate	Address (Give address to which appro-	pl plda Et Worth TX
Amoco Pipeline Company		2300 Continental Nat'l	BK Blag, Ft Worth, IX
Transporter of Casi	inghead Gas 🔀 or Dry Gas	Address (Give address to which appro Drawer A, Levelland, TX	
Amoco Production Compa	11 y	Dhilling Bldg. 4th & Wa	snington, onessa in inter
Phillips Petroleum Com	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en
If well produces oil or liquids, give location of tanks.	M 3 18S 27E	Yes	
If this production is commingled wit	h that from any other lease or pool.	, give commingling order number:	
If this production is commingred with COMPLETION DATA			Plug Back Same Res'v. Diff. Res'
	(V) Oil Well Gas Well		
Designate Type of Completio	n = (X) X	X Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	6200'	5948'
5/17/77	6/30/77	Top Oil/Gas Pay	Tubing Depth
Pool	Name of Producing Formation	5918'	5828'
Empire	Abo Reef	5918	Depth Casing Shoe
Perforations			6198'
5918-5928'		ND CENENTING PECOPD	
		DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	1000'	425 sx plus 2 yds Redi
11"	8-5/8" OD	6198'	2570 sx
7-7/8"	5-1/2" OD	5828'	
	2-3/8" OD		
		e after recovery of total volume of load o	il and must be equal to or exceed top all
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be	depth or be for full 24 hours	
OIL WELL		Producing Method (Flow, pump, gas	lift, etc.)
Date First New Oil Run To Tanks	Date of Test	Flow	
6/23/77	6/30/77 Tubing Pressure	Casing Pressure	Choke Size
Length of Test	-	Pkr	36/64"
24 hrs	0.04		
	90#	Water-Bbls.	Gas - MCF
Actual Prod. During Test	Oil-Bbls.		
		Water-Bbls.	Gas - MCF
Actual Prod. During Test 231	Oil-Bbls.	Water-Bbls. 0	Gas-MCF 426
Actual Prod. During Test 231 GAS WELL	Oil-Bbls. 231	Water-Bbls.	Gas-MCF
Actual Prod. During Test 231	Oil-Bbls.	Water-Bbls. 0	Gas-MCF 426 Gravity of Condensate
Actual Prod. During Test 231 GAS WELL	Oil-Bbls. 231	Water-Bbls. 0	Gas-MCF 426
Actual Prod. During Test 231 GAS WELL Actual Prod. Test-MCF/D	Oil-Bbls. 231 Length of Test	Water-Bbls. 0 Bbls. Condensate/MMCF	Gas-MCF 426 Gravity of Condensate

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.

hackelford

Accountant I

7/8/77

(Title) (Date)

19 APPROVED BY

TITLE

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 allow able on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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 multipl completed wells.

NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE	REQUEST FO	SERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
FILE U.S.G.S.		ND PORT OIL AND NATURAL GA	S
LAND OFFICE OIL			VED
GAS OPERATOR PRORATION OFFICE		RECE	
Operator Atlantic Richfield Comp	v Dany	JUL 11	1977
Address P. O. Box 1710, Hobbs,		Other (Please explantesia	orfice
P. O. Box 11. (c) Here, 100 (c) Reason(s) for filing (Check proper box) New Well Hecompletion Change in Ownership If change of ownership give name	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensa		•
and address of previous owner			
I. DESCRIPTION OF WELL AND I Lease Name	Well No Oor Country	, Including Formation ire Abo	Kind of Lease State, Federal or Fee Federal
Empire Abo Unit "M"			East
Unit Letter A ; 990	Feet From The North Line of		
Line of Section 10 , Tow	mship 18S Range 2	7E , NMPM, E	ddy County
I. DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Amoco Pipeline Company Name of Authorized Transporter of Cas Amoco Production Compa Phillips Petroleum Com	x or Condensate 2	300 Continental Nat'l E Address (Give address to which approv	Bk Bldg, Ft Worth, TX ed copy of this form is to be sent) 79336 shington, Odessa TX 79760
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. M 3 18S 27E	Yes	
V. <u>COMPLETION DATA</u> Designate Type of Completion	on = (X) X	New Well Workover Deepen X Total Depth	Plug Back Same Res'v. Diff. Res'v.
Date Spudded 5/17/77	Date Compl. Ready to Prod. 6/30/77	6200'	5948' Tubing Depth
Pocl	Name of Producing Formation Abo Reef	Top Oil/Gas Pay 5918'	5828'
Empire Perforations			Depth Casing Shoe 6198 [†]
5918-5928'	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE 8-5/8" OD	DEPTH SET	425 sx plus 2 yds Redimi
11" 7-7/8"	5-1/2" OD	6198'	2570 sx
	2-3/8" OD	5828'	
V. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be af able for this de	fter recovery of total volume of load oil pth or be for full 24 hours) Producing Method (Flow, pump, gas l	and must be equal to or exceed top allow- ift, etc.)
Date First New Oil Run To Tanks 6/23/77	6/30/77	Flow	Choke Size
Length of Test	Tubing Pressure 90#	Casing Pressure P kr	36/64"
24 hrs Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF 426
231	231	0	140
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI. CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION
		APPROVED	A, 19
	d regulations of the Oil Conservation I with and that the information given the best of my knowledge and belief.	BY_ W. C. D	Jusset
Accountant I	(Tille)	If this is a request for all well, this form must be accom tests taken on the well in acc All sections of this form i able on new and recompleted	wells.
7 /8/77	(Date -	well name or number, or transp	ii, and vi only for enange of condity. orter, or other such change of condity. oust be filed for each pool in multip

	$(x_1, \dots, x_n) \in \mathbb{R}^n \to \mathbb{R}^n$		
NO. OF COPIES RECEIVED			Form C -104
DISTRIBUTION	NEW MEXICO OIL CONSE	ERVATION COMMISSION	Supersedes Old C-104 and C-110
SANTA FE	REQUEST FOR		Effective 1-1-85
FILE	AN AUTHORIZATION TO TRANSP	ND AND NATURAL GA	S
U.S.G.S.	AUTHORIZATION TO TRANSP	ORT OIL AND INTEREE	
LAND OFFICE			
TRANSPORTER GAS		OFC	EIVED
OPERATOR		RLU	
			11 1977
Operator Atlantic Richfield Com	pany	JUL	11 15/7
Address		n	. C. C.
P. O. Box 1710, Hobbs,	New Mexico 88240	Other (Please explain)	BIA, DFFICE
Reason(s) for filing (Check proper box)	Change in Transporter of:		تد
New Well	Oil Dry Gas		
Change in Ownership	Casinghead Gas Condensate	•	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	LEASE		Kind of Lease
Lease Name		Including Formation	State, Federal or Fee Federal
Empire Abo Unit "M"	122 Empi		
Location	Feet From The <u>North</u> Line and	nd 1300 Feet From 7	The East
Unit Letter A ; 990			Eddy County
Line of Section 10 , To	wnship 18S Range 27	7E, NMFM,	Eddy County
			,
. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	address (Give address to which appro	ved copy of this form is to be sent)
Name of Authorized Transporter of Ci Amoco Pipeline Compan		ood gentimental Nat'l	Bk Bldg, Ft Worth, TX
Transporter of Co	asinghead Gas X or Dry Gas	Address (Give address to which appro rawer A, Levelland, TX	79336
Amoro Production Comp	any	billing Bldg, 4th & Wa	shington, Odessa TX 79760
Phillips Petroleum Co If well produces oil or liquids,	Unit Sec. Twp. Rge.	s gas actually connected :	
give location of tarks.	M 3 18S 27E	Yes	
If this production is commingled w	ith that from any other lease or pool, gi	ve commingling order number:	
. COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Complet	ion $-(X)$ X	x	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. 5948'
5/17/77	6/30/77	6200'	5948 Tubing Depth
Pool	Name of Producing Formation	Top Oil/Gas Pay	5828'
Empire	Abo Reef	5918'	Depth Casing Shoe
Perforations			6198'
5918-5928'	TUBING, CASING, AND	CEMENTING RECORD	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	8-5/8" OD	1000'	425 sx plus 2 yds Redimi
7-7/8"	5-1/2" OD	6198'	2570 sx
1-1/0	2-3/8" OD	5828'	
		find the state of load o	il and must be equal to or exceed top allow
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be aft able for this deg	nth or be for full 24 hours	
OUL WELL	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
Date First New Oil Run To Tanks	6/30/77	Flow	Choke Size
6/23/77 Length of Test	Tubing Pressure	Casing Pressure	Choke Size 36/64"
24 hrs	90#	Pkr	36/64 Gas-MCF
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	426
231	231	0	
l			
GAS WELL	Length of Test	Bbis, Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D			
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
			VATION COMMISSION
VI. CERTIFICATE OF COMPLI	ANCE		
		APPROVED	gressett
I hereby certify that the rules a	and regulations of the Oil Conservation ed with and that the information given the best of my knowledge and belief.	IN G.	Lasset
Commission have been comple above is true and complete to	the best of my knowledge and belief.	BY	
-		TITLE	
	1	This form is to be filed	in compliance with RULE 1104.
ñ P	Shackelford		
-fix	(Signature)	well, this form must be acco	ccordance with RULE 111.
Accountant I		All sections of this form	n must be filled out completely for any
Accountant	(Title)	able on new and recomplete	wells.
7/8/77		mail mome or number. or train	III, and VI only for changes of owners sporter, or other such change of conditions
	(Date)	Separate Forms C-104	must be filed for each pool in multip
		completed wells.	

NO. OF COPIES RECEIVED						
DISTRIBUTION	.⇒ NEW	MEXICO	OIL CONS!	ERVATION COMMISSION	Form C -104 Supersedes Old C-10	4 and C+110
NTA FE		REQ	UEST FOR	RALLOWABLE	Effective 1-1-65	4
LE			AN	ND	L GAS	
S.G.S.	AUTHORIZA	TION T	O TRANSF	PORT OIL AND NATURA		
AND OFFICE						
RANSPORTER GAS						_
PERATOR					, EBEIVE	ц,
					111 1 1977	
Atlantic Richfield Comp	pany					
P. O. Box 1710, Hobbs, bason(s) for filing (Check proper box) ew Well X	New Mexico &	-	:	Other (Please explain)	ARTESIA, OFFICE	
ecompletion	Oil	H	Dry Gas Condensate			
nange in Ownership	Casinghead Ga	s []				
change of ownership give name d address of previous owner						
ESCRIPTION OF WELL AND I	LEASE	Well No.	1	Including Formation	Kind of Lease State, Federal or Fee Fe (teral
Empire Abo Unit "M"		122	Empi	ire Abo		
Unit Letter A ; 990	Feet From Th	e North	1Line α	md <u>1300</u> Feet	From The East	
	wnship 185	R	lange 2'	7E , NMPM,	Eddy	County
ESIGNATION OF TRANSPORT	TER OF OIL AN	d natu	RAL GAS		approved copy of this form is to b	e sent)
lame of Authorized Transporter of Oli		nsate 📃	h	non gentimental Nat	. Bk Bldg. Ft Worth	, TX
Amoco Pipeline Company	y singhead Gas XI	or Dry Go	is /	Address (Give address to which	TX 79336	e senti
Amoco Production Compa Phillips Petroleum Com	mpany	Twp.		Address (<i>Fibe dutiess to and</i> Drawer A, Levelland <u>Phillips Bldg, 4th</u> Is gas actually connected?	Washington, Odessa	<u>TX 7976</u>
f well produces oil or liquids,	M 3	18S	27E	Yes		
this production is commingled wi COMPLETION DATA				New Well Workover Deep	pen Plug Back Same Res'v.	Diff. Res'v
Designate Type of Completi	lon = (X) Oil W		Gas Well	New Well Workover Dee X		
Date Spudded	Date Compl. Read	ly to Prod.		Total Depth	P.B.T.D. 5948'	
5/17/77	6/30/77			6200 ' Top Oil/Gas Pay	Tubing Depth	
Pool	Name of Producin		on	5918'	5828'	
Empire	Abo Ree	<u></u>			Depth Casing Shoe	
Perforations 5918-5928'						
5918-5928					6198'	
	TUE	3ING, CA	SING, AND	CEMENTING RECORD		NT
HOLE SIZE	CASING &	TUBING		CEMENTING RECORD	SACKS CEME	
HOLE SIZE	CASING & 8-5/8" OD	TUBING		1000'		
	CASING & 8-5/8" OD 5-1/2" OD	TUBING		DEPTH SET	SACKS CEME 425 sx plus 2 y	
11"	CASING & 8-5/8" OD	TUBING	SIZE	DEPTH SET 1000' 6198' 5828'	SACKS CEME 425 sx plus 2 y 2570 sx	ds Redi
11" 7-7/8"	CASING & 8-5/8" OD 5-1/2" OD 2-3/8" OD	TUBING	SIZE	DEPTH SET 1000' 6198' 5828' fter recovery of total volume of nth or be for full 24 hours)	SACKS CEME 425 sx plus 2 y 2570 sx load oil and must be equal to or ex	ds Redi
11" 7-7/8" TEST DATA AND REQUEST 1	CASING & 8-5/8" OD 5-1/2" OD 2-3/8" OD FOR ALLOWAB	TUBING	SIZE	DEPTH SET 1000' 6198' 5828'	SACKS CEME 425 sx plus 2 y 2570 sx load oil and must be equal to or ex	ds Redi
11" 7-7/8" TEST DATA AND REQUEST 1 OIL WELL Date First New Cil Run To Tanks	CASING & 8-5/8" OD 5-1/2" OD 2-3/8" OD	LE (Te abb	SIZE	DEPTH SET 1000' 6198' 5828' fter recovery of total volume of pth or be for full 24 hours) Producing Method (Flow, pum Flow	SACKS CEME 425 sx plus 2 y 2570 sx load oil and must be equal to or ex p, gas lift, etc.)	ds Redi
11" 7-7/8" TEST DATA AND REQUEST 1 OIL WELL Date First New Cil Run To Tanks 6/23/77	CASING & 8-5/8" OD 5-1/2" OD 2-3/8" OD FOR ALLOWAB	LE (Te abb	SIZE	DEPTH SET 1000' 6198' 5828' fter recovery of total volume of pth or be for full 24 hours) Producing Method (Flow, pum Flow Casing Pressure	SACKS CEME 425 sx plus 2 y 2570 sx load oil and must be equal to or ex p, gas lift, etc.) Choke Size	ds Redin
11" 7-7/8" TEST DATA AND REQUEST 1 OIL WELL Date First New Cil Run To Tanks	CASING & 8-5/8" OD 5-1/2" OD 2-3/8" OD FOR ALLOWAB	LE (Te abb	SIZE	DEPTH SET 1000' 6198' 5828' fter recovery of total volume of pth or be for full 24 hours) Producing Method (Flow, pum Flow Casing Pressure Pkr	SACKS CEME 425 sx plus 2 y 2570 sx load oil and must be equal to or ex p, gas lift, etc.)	ds Redi
11" 7-7/8" TEST DATA AND REQUEST 1 OIL WELL Date First New Cil Run To Tanks 6/23/77 Length of Test	CASING & 8-5/8" OD 5-1/2" OD 2-3/8" OD FOR ALLOWAB Date of Test 6/30/7 Tubing Pressure 90# Oil-Bbls.	LE (Te abb	SIZE	DEPTH SET 1000' 6198' 5828' fter recovery of total volume of pth or be for full 24 hours) Producing Method (Flow, pum Flow Casing Pressure	SACKS CEME 425 sx plus 2 y 2570 sx load oil and must be equal to or ex p, gas lift, etc.) Choke Size 36/64"	ds Redi
11" 7-7/8" TEST DATA AND REQUEST I OIL WELL Date First New Cil Run To Tanks 6/23/77 Length of Test 24 hrs	CASING & 8-5/8" OD 5-1/2" OD 2-3/8" OD FOR ALLOWAB Date of Test 6/30/7 Tubing Pressure 90#	LE (Te abb	SIZE	DEPTH SET 1000' 6198' 5828' fter recovery of total volume of pth or be for full 24 hours) Producing Method (Flow, pum Flow Casing Pressure Pkr Water-Bbls.	SACKS CEME 425 sx plus 2 y 2570 sx load oil and must be equal to or ex p, gas lift, etc.) Choke Size 36/64" Gas-MCF	ds Redin
11" 7-7/8" TEST DATA AND REQUEST 1 OIL WELL Date First New Cil Run To Tanks 6/23/77 Length of Test 24 hrs Actual Prod. During Test 231 GAS WELL	CASING & 8-5/8" OD 5-1/2" OD 2-3/8" OD FOR ALLOWAB Date of Test 6/30/7 Tubing Pressure 90# Oil-Bbls.	LE (Te abi	SIZE	DEPTH SET 1000' 6198' 5828' fter recovery of total volume of pth or be for full 24 hours) Producing Method (Flow, pum Flow Casing Pressure Pkr Water-Bbls.	SACKS CEME 425 sx plus 2 y 2570 sx load oil and must be equal to or ex p, gas lift, etc.) Choke Size 36/64" Gas-MCF	ds Redin
11" 7-7/8" TEST DATA AND REQUEST 1 OIL WELL Date First New Cil Run To Tanks 6/23/77 Length of Test 24 hrs Actual Pred. During Test 231 GAS WELL Actual Pred. Test-MCF/D	CASING & 8-5/8" OD 5-1/2" OD 2-3/8" OD FOR ALLOWAB Date of Test 6/30/7 Tubing Pressure 90# Oil-Bbls. 231	LE (Te abb 7	SIZE	DEPTH SET 1000' 6198' 5828' fter recovery of total volume of pth or be for full 24 hours) Producing Method (Flow, pum Flow Casing Pressure Pkr Water - Bbls. 0	SACKS CEME 425 sx plus 2 y 2570 sx load oil and must be equal to or ex p, gas lift, etc.) Choke Size 36/64" Gas-MCF 426	ds Redin
11" 7-7/8" TEST DATA AND REQUEST 1 OIL WELL Date First New Cil Run To Tanks 6/23/77 Length of Test 24 hrs Actual Prod. During Test 231 GAS WELL	CASING & 8-5/8" OD 5-1/2" OD 2-3/8" OD FOR ALLOWAB Date of Test 6/30/7 Tubing Pressure 90# OII-Bbls. 231	LE (Te abb 7	SIZE	DEPTH SET 1000' 6198' 5828' fter recovery of total volume of pth or be for full 24 hours) Producing Method (Flow, pum Flow Casing Pressure Pkr Water-Bbls. 0 Bbls. Condensate/MMCF Casing Pressure	SACKS CEME 425 sx plus 2 y 2570 sx load oil and must be equal to or ex p, gas lift, etc.) Choke Size 36/64" Gas-MCF 426 Gravity of Condensate Choke Size	ds Redin
11" 7-7/8" TEST DATA AND REQUEST 1 OIL WELL Date First New Cil Run To Tanks 6/23/77 Length of Test 24 hrs Actual Prod. During Test 231 GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	CASING & 8-5/8" OD 5-1/2" OD 2-3/8" OD FOR ALLOWAB Date of Test 6/30/7 Tubing Pressure 90# OII-Bbls. 231 Length of Test Tubing Pressur	LE (Te abb 7	SIZE	DEPTH SET 1000' 6198' 5828' fter recovery of total volume of pth or be for full 24 hours) Producing Method (Flow, pum Flow Casing Pressure Pkr Water-Bbls. 0 Bbls. Condensate/MMCF Casing Pressure	SACKS CEME 425 sx plus 2 y 2570 sx load oil and must be equal to or ex p, gas lift, etc.) Choke Size 36/64" Gas-MCF 426 Gravity of Condensate Choke Size SERVATION COMMISSION	ds Redin
11" 7-7/8" TEST DATA AND REQUEST 1 OIL WELL Date First New Oil Run To Tanks 6/23/77 Length of Test 24 hrs Actual Prod. During Test 231 GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) . CERTIFICATE OF COMPLIA	CASING & 8-5/8" OD 5-1/2" OD 2-3/8" OD FOR ALLOWAB Date of Test 6/30/7 Tubing Pressure 90# OII-Bbls. 231 Length of Test Tubing Pressur ANCE	LE (Te abi 7 e	s SIZE	DEPTH SET 1000' 6198' 5828' fter recovery of total volume of pth or be for full 24 hours) Producing Method (Flow, pum Flow Casing Pressure Pkr Water-Bbls. 0 Bbls. Condensate/MMCF Casing Pressure OIL CON APPROVED	SACKS CEME 425 sx plus 2 y 2570 sx load oil and must be equal to or ex p, gas lift, etc.) Choke Size 36/64" Gas-MCF 426 Gravity of Condensate Choke Size SERVATION COMMISSION	ds Redin
11" 7-7/8" TEST DATA AND REQUEST 1 OIL WELL Date First New Oil Run To Tanks 6/23/77 Length of Test 24 hrs Actual Prod. During Test 231 GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIA I hereby certify that the rules an	CASING & 8-5/8" OD 5-1/2" OD 2-3/8" OD FOR ALLOWAB Date of Test 6/30/7 Tubing Pressure 90# Oil-Bbls. 231 Length of Test Tubing Pressur ANCE	LE (Te abl 7 e the Oil C	S SIZE st must be af le for this dep conservation mation given	DEPTH SET 1000' 6198' 5828' fter recovery of total volume of pth or be for full 24 hours) Producing Method (Flow, pum Flow Casing Pressure Pkr Water-Bbls. 0 Bbls. Condensate/MMCF Casing Pressure OIL CON APPROVED	SACKS CEME 425 sx plus 2 y 2570 sx load oil and must be equal to or ex p, gas lift, etc.) Choke Size 36/64" Gas-MCF 426 Gravity of Condensate Choke Size	ds Redin
11" 7-7/8" TEST DATA AND REQUEST 1 OIL WELL Date First New Cil Run To Tanks 6/23/77 Length of Test 24 hrs Actual Prod. During Test 231 GAS WELL Actual Frod. Test-MCF/D Testing Method (pitot, back pr.) I. CERTIFICATE OF COMPLIA	CASING & 8-5/8" OD 5-1/2" OD 2-3/8" OD FOR ALLOWAB Date of Test 6/30/7 Tubing Pressure 90# Oil-Bbls. 231 Length of Test Tubing Pressur ANCE	LE (Te abl 7 e the Oil C	S SIZE st must be af le for this dep conservation mation given	DEPTH SET 1000' 6198' 5828' fter recovery of total volume of pth or be for full 24 hours) Producing Method (Flow, pum Flow Casing Pressure Pkr Water-Bbls. 0 Bbls. Condensate/MMCF Casing Pressure OIL CON APPROVED BY	SACKS CEME 425 sx plus 2 y 2570 sx load oil and must be equal to or ex p, gas lift, etc.) Choke Size 36/64" Gas-MCF 426 Gravity of Condensate Choke Size SERVATION COMMISSION	ds Redin
11" 7-7/8" TEST DATA AND REQUEST 1 OIL WELL Date First New Oil Run To Tanks 6/23/77 Length of Test 24 hrs Actual Prod. During Test 231 GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) L CERTIFICATE OF COMPLIA I hereby certify that the rules an	CASING & 8-5/8" OD 5-1/2" OD 2-3/8" OD FOR ALLOWAB Date of Test 6/30/7 Tubing Pressure 90# Oil-Bbls. 231 Length of Test Tubing Pressur ANCE	LE (Te abl 7 e the Oil C	S SIZE st must be af le for this dep conservation mation given	DEPTH SET 1000' 6198' 5828' fter recovery of total volume of pth or be for full 24 hours) Producing Method (Flow, pum Flow Casing Pressure Pkr Water-Bbls. 0 Bbls. Condensate/MMCF Casing Pressure OIL CON APPROVED BY	SACKS CEME 425 sx plus 2 y 2570 sx load oil and must be equal to or ex p, gas lift, etc.) Choke Size 36/64" Gas-MCF 426 Gravity of Condensate Choke Size SERVATION COMMISSION Choke Size	ds Redin
11" 7-7/8" TEST DATA AND REQUEST 1 OIL WELL Date First New Oil Run To Tanks 6/23/77 Length of Test 24 hrs Actual Pred. During Test 231 GAS WELL Actual Pred. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIA I hereby certify that the rules an	CASING & 8-5/8" OD 5-1/2" OD 2-3/8" OD FOR ALLOWAB Date of Test 6/30/7 Tubing Pressure 90# OII-Bbls. 231 Length of Test Tubing Pressur ANCE	LE (Te abl 7 e the Oil C the inform nowledge	SIZE st must be af- le for this der conservation mation given e and belief.	DEPTH SET 1000' 6198' 5828' fter recovery of total volume of pth or be for full 24 hours) Producing Method (Flow, pum Flow Casing Pressure Pkr Water-Bbls. 0 Bbls. Condensate/MMCF Casing Pressure OIL CON APPROVED BY TITLE This form is to be If this is a request well, this form must be well, this form must be	SACKS CEME 425 sx plus 2 y 2570 sx load oil and must be equal to or ex p, gas lift, etc.) Choke Size 36/64" Gas-MCF 426 Gravity of Condensate Choke Size SERVATION COMMISSION	ds Redin ceed top all N ,19 E 1104. Led or deep of the devia 1.

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(Date)

Fill out Sections I, II, III, and VI only 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 completed wells.

			`i		
NO. OF COPIES RECEIVED		COMMISSION	Form C-104		
DISTRIBUTION	NEW MEXICO OIL CON	SERVATION COMMISSION	Supersedes Old C-104 and C-110 Effective 1-1-65		
SANTA FE		AND	Effective 1-1-00		
FILE	AUTHORIZATION TO TRANS	PORT OIL AND NATURAL	GAS		
U.S.G.S.	AUTHORIZATION TO TRAME				
		REC	CEIVED		
OPERATOR			L-1-1-1977		
PRORATION OFFICE		J0			
Atlantic Richfield Comp		AR			
P. O. Box 1710, Hobbs, Reason(s) for filing (Check proper box)	New Mexico 88240	Other (Please explain)			
tew Well	Change in Transporter of:	_			
Recompletion	Oil Dry Gas				
Change in Ownership	Casinghead Gas Condense				
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND L	EASE	The Examples	Kind of Lease		
Lease Name	nett not 1 and	e, Including Formation pire Abo	State, Federal or Fee Federal		
Empire Abo Unit "M"			rom The East		
Unit Letter <u>A</u> ; <u>990</u>	Feet From The North Line				
Line of Section 10 , Town	nship 18S Range 2	27E , NMPM,	Eddy County		
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which a	pproved copy of this form is to be sent)		
Name of Authorized Transporter of Oil		and Continental Nat	1 Bk Bldg, Ft Worth, TX		
Amoco Pipeline Company Name of Authorized Transporter of Cas.	inghead Gas X or Dry Gas	Address (Give address to which a	TV 79336		
Amoco Production Compa	.11y	Dhilling Bldg, 4th &	Wasnington, Quessa in inter		
Phillips Petroleum Com If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected i	When		
give location of tanks.	M 3 18S 27E	Yes			
If this production is commingled wit	h that from any other lease or pool, a				
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepe			
Designate Type of Completio		Total Depth	P.B.T.D.		
Date Spudded	Date Compl. Ready to Prod. 6/30/77	6200'	5948'		
5/17/77	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth 5828'		
Empire	Abo Reef	5918'	5828 Depth Casing Shoe		
Perforations		•	6198'		
5918-5928'	TUBING, CASING, ANI	D CEMENTING RECORD	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	425 sx plus 2 yds Redim:		
11"	8-5/8" OD	1000' 6198'	2570 sx		
7-7/8"	5-1/2" OD	5828'	2010 5.		
	2-3/8" OD				
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	enth or be for full 24 nours	ad oil and must be equal to or exceed top allow		
OIL WELL	able for this a	Producing Method (Flow, pump,	gas lift, etc.)		
Date First New Cil Run To Tanks	6/30/ 77	Flow			
6/23/77 Length of Test	Tubing Pressure	Casing Pressure	Choke Size 36/64''		
24 hrs	90#	Pkr	Gas - MCF		
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	426		
231	231	0			
			Comitine of Condensate		
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
		Casing Pressure	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure				
VI. CERTIFICATE OF COMPLIA	NCE		ERVATION COMMISSION		
	d regulations of the Oil Conservatio	APPROVED	A		
I hereby certify that the rules an Commission have been complied	d regulations of the Oil Conservation with and that the information given the best of my knowledge and belief	$\mathbb{B}_{Y_{-}} = \mathbb{N}_{Q_{+}}$	Gressett		
above is true and complete to t	the best of my knowledge and belief				
	-	TITLE			
a a	21 1 11 11		iled in compliance with RULE 1104.		
Dit 1	hackelfard	If this is a request f well this form must be a	or allowable for a newly drilled or deepen accompanied by a tabulation of the deviati		
	ignature)		well, this form must be accompanied by a teophree to the second s		
Accountant I	(Tiela)	1 II and recomp	leted wells.		
	(Title)				
7 /8 /77	(Date)	wall name or number, or t	. II, III, and VI only for change of conditi ransporter, or other such change of conditi 104 must be filed for each pool in multi;		

Separate Forms C-104 must be filed for each pool in multiply well name or number, or tra

-	DISTRIBUTION	REQUEST FO	SERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
Ē	LAND OF FICE	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL G	AS
	OPERATOR	REC	JEIVED	
	PRORATION OFFICE	JUL	L 1 1 1977	
	Atlantic Richfield Comp	any		
	Address		D. C. C.	
-	P. O. Box 1710, Hobbs, Reason(s) for filing (Check proper box)		Other (Please explain)	
	New Well X	Change in Transporter of:		
	Recompletion	Oil Diy Gus Casinghead Gas Condens		· · · · · · · · · · · · · · · · · · ·
L	Change in Ownership			
I a	f change of ownership give name ind address of previous owner			
n . j	DESCRIPTION OF WELL AND L	EASE Well No. Pool Nam	ne, Including Formation	Kind of Lease State, Federal or Fee Federal
	Empire Abo Unit "M"	122 Em	pire Abo	
	Unit Letter A ; 990	Feet From The NorthLine	e and 1300 Feet From	
	Line of Section 10 , Tow	nship 18S Range	27Е , ММРМ,	Eddy County
		TID OT OUT AND NATURAL GA	s	
111.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA Image: State of Condensate Image: State of C	Address (Give address to which appr	oved copy of this form is to be sent)
	Amoco Pipeline Company	· · · · · · · · · · · · · · · · · · ·	2300 Continental Nat'1	oved copy of this form is to be comp
	Name of Authorized Transporter of Cas Amoco Production Compa	inghead Gas X or Dry Gas	Drawer A, Levelland, T	X 79336 <u>ashington, Odessa TX 79760</u> ^{Then}
	Phillips Petroleum Com	Unit Sec. Twp. Rge.	Is gas actually connected?	/hen
	If well produces oil or liquids, give location of tanks.	M 3 18S 27E	Yes	
	Vi this production is commingled with	th that from any other lease or pool,	give commingling order number:	
1V.	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completio		X	P.B.T.D.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 6200 '	5948'
	5/17/77	6/30/77 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Pool	Abo Reef	5918'	5828' Depth Casing Shoe
	Empire Perforations			6198 '
	5918-5928'		D CEMENTING RECORD	
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	HOLE SIZE	8-5/8" OD	1000'	425 sx plus 2 yds Redimi 2570 sx
	7-7/8"	5-1/2" OD	6198' 5828'	2010 54
		2-3/8" OD		
	. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be	after recovery of total volume of load	oil and must be equal to or exceed top allow
١	OU WELL	able for this c	depth or be for full 24 hours) Producing Method (Flow, pump, ga	
	Date First New Oil Run To Tanks	Date of Test 6/30/77	Flow	
	6/23/77 Length of Test	Tubing Pressure	Casing Pressure	Choke Size 36/64"
	24 hrs	90#	Pkr Water-Bbls.	Gas-MCF
	Actual Prod. During Test	Oil-Bbls.	0	426
	231	231		
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test	DDID: COMOUNTED INNO.	
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
	Learny Merine (buot) and L			RVATION COMMISSION
•	VI. CERTIFICATE OF COMPLIA	NCE		
	ب به من ا	nd regulations of the Oil Conservation with and that the information give	on APPROVED	13
	I hereby certify that the rules ar Commission have been complied	d with and that the information give the best of my knowledge and belie	en ef. BY	Alloser
	above is true and complete to	the best of my knowledge and belie	TITLE	
		Λ	in the help file	d in compliance with RULE 1104.
	np 1	Stack Pland		
	- f' X. fs	ignature)	well, this form must be acc	allowable for a newly difficult of deviati ompanied by a tabulation of the deviati accordance with RULE 111.

Accountant I

7/8/77

(Title)

(Date)

tests taken on the well in accord

tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allow able on new and recompleted wells.
Fill out Sections I, II, III, and VI only 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 completed wells.