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	1	
	17	
FILE		
U.S.G.S.		
LAND OFFICE		
OIL		
GAS	1/1	
OPERATOR		
PRORATION OFFICE		
	GAS	GAS //

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-11C
Effective 1-1-65

FILE /	<u>-</u>	AND	. Ellective I (105)
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS
LAND OFFICE			RECEIVED
TRANSPORTER OIL			
GAS //			NIO 0 4 4070
OPERATOR /			AUG 24 1978
Operator			
Atlantic Richfield (	Company V		O. C. C.
Address			THE STATE OF FICE
P. O. Box 1710, Hobb	os, New Mexico 88240		
Reason(s) for filing (Check proper b	ox)	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry G		
Change in Ownership	Casinghead Gas Conde	ensate	·
f change of ownership give name	2	•	
and address of previous owner			
DESCRIPTION OF WELL AN	DIFASE		
Lease Name	Well No. Pool N	ame, Including Formation	Kind of Lease K-271
Empire Abo Unit "K"	231 Emp i	ire Abo	State, Federal or Fee State
Location			
Unit Letter J;	1700 Feet From The South Li	ine and 2350 Feet From	m The East
	100	007	_
Line of Section 6	Township 18S Range	28E , NMPM, Edd	ly Cour
		• •	
DESIGNATION OF TRANSPO Name of Authorized Transporter of	ORTER OF OIL AND NATURAL G	Address (Give address to which app	proved copy of this form is to be sent)
Amoco Pipeline Companion Name of Authorized Transporter of	Casinghead Gas X or Dry Gas	Address (Give address to which app	l Bk Bldg, Ft Worth, TX proved copy of this form is to be sent)
Amoco Production Com Phillips Pipeline Com	pany	Drawer A, Levelland,	TX Washington, Odessa, TX
	Unit Sec. Twp. Rge.	Is gas actually connected?	Wasnington, Odessa, IX
If well produces oil or liquids, give location of tanks.	F 6 18S 28E	Yes	8/13/78
	<del></del>		0,13,70
	with that from any other lease or pool	, give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty.   Diff. F
Designate Type of Comple	$v_{tion} = (X)$		! ! !
Date Spudded	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.
7/18/78	8/14/78	6350'	6268'
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Empire Abo	Abo Reef	6210'	6086'
Perforations			Depth Casing Shoe
6210-6230'			6350'
	TUBING, CASING, AN	ID CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8" OD	550'	285
7-7/8"	5-1/2" OD	6350'	1401
	2-3/8" OD	6086'	
			_
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load of	oil and must be equal to or exceed top
OIL WELL		lepth or be for full 24 hours)  Producing Method (Flow, pump, gas	lift atc.
Date First New Oil Run To Tanks	Date of Test		espe, Gelley
8/13/78 Length of Test	8/14/78 Tubing Pressure	Flow Casing Pressure	Choke Size
_ •			
24 Actual Prod. During Test	200#	Pkr Water-Bbls.	32/64" Gas-MCF
•	•		405
448 bb1s	448	0	1 403
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
CERTIFICATE OF COMPLIA	ANCE		VATION COMMISSION
			3 1- <b>1978</b>
I hereby certify that the rules a	nd regulations of the Oil Conservation	APPROVED	
Commission have been complie	d with and that the information giver	11 210 9	10ssett
above is true and complete to the best of my knowledge and belief.		·    91	
***		TITLE SUPERVISOR, D	ISTRICT II
01 01	/		
If Shu bil Donal-			n compliance with RULE 1104.
www gradie	ignature)	well this form must be accome	lowable for a newly drilled or deep apanied by a tabulation of the devi
Accountant T	ignature) / // // // // // // // // // // // //	tests taken on the well in ac	cordance with RULE 111.
ACCOUNTANT I			

(Title)

(Date)

8/23/78

All sections of this form must be filled out completely for allowable 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 multiply completed wells.