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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

RECEIVED
OCT 12 1979

Operator ARCO Oil and Gas Company Division of Atlantic Richfield Company		O. C. C. ARTESIA, OFFICE
Address Box 1710, Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box)		Other (Please explain)
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"/>

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name Empire Abo Unit "K"	Well No. 232	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee State	Lease No. OG-103
Location Unit Letter <u>J</u> ; <u>2300</u> Feet From The <u>South</u> Line and <u>1570</u> Feet From The <u>East</u> Line of Section <u>6</u> Township <u>18S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When No

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. 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'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 6/27/78	Date Compl. Ready to Prod. Dry- Shut in		Total Depth 6350'		P.B.T.D. 6302'			
Elevations (DF, RKB, RT, GR, etc.) 3653.1' GR	Name of Producing Formation Abo Reef		Top Oil/Gas Pay 6272'		Tubing Depth 6350'			
Perforations 6272-6284', 6304-6310'					Depth Casing Shoe 6350'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8" OD	558'	400
7-7/8"	5 1/2" OD	6350'	1730
	2-3/8" OD	6174'	

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 None	Date of Test 2/5/79	Producing Method (Flow, pump, gas lift, etc.) Swbd	
Length of Test 8 hrs	Tubing Pressure -	Casing Pressure -	Choke Size
Actual Prod. During Test 3	Oil - Bbls. 0	Water - Bbls. 3	Gas - MCF 0

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.


(Signature)
Dist. Drlg. Supt.
(Title)
10/10/79
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____
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.
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Reason(s) for filing (Check proper box)		Other (Please explain)	
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"/>		

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Empire Abo Unit "K"	Well No. 232	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee State	Lease No. OG-103
Location Unit Letter <u>J</u> ; <u>2300</u> Feet From The <u>South</u> Line and <u>1570</u> Feet From The <u>East</u> Line of Section <u>6</u> Township <u>18S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6/27/78	Date Compl. Ready to Prod. Dry- Shut in		Total Depth 6350'		P.B.T.D. 6302'			
Elevations (DF, RKB, RT, GR, etc.) 3653.1' GR	Name of Producing Formation Abo Reef		Top Oil/Gas Pay 6272'		Tubing Depth 6350'			
Perforations 6272-6284', 6304-6310'					Depth Casing Shoe 6350'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" OD		558'		400			
7-7/8"	5 1/2" OD		6350'		1730			
	2-3/8" OD		6174'					

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 None	Date of Test 2/5/79	Producing Method (Flow, pump, gas lift, etc.) Swbd	
Length of Test 8 hrs	Tubing Pressure -	Casing Pressure -	Choke Size
Actual Prod. During Test 3	Oil-Bbls. 0	Water-Bbls. 3	Gas-MCF 0

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.


(Signature)
Dist. Drlg. Supt.
(Title)
10/10/79
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

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Address Box 1710, Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box)		Other (Please explain)
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"/>	
If change of ownership give name and address of previous owner		

I. DESCRIPTION OF WELL AND LEASE

Lease Name Empire Abo Unit "K"	Well No. 232	Pool Name, including Formation Empire Abo	Kind of Lease State, Federal or Fee State	Lease No. OG-103
Location Unit Letter <u>J</u> ; <u>2300</u> Feet From The <u>South</u> Line and <u>1570</u> Feet From The <u>East</u> Line of Section <u>6</u> Township <u>18S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
		Is gas actually connected? When
		No

If this production is commingled with that from any other lease or pool, give commingling order number:

V. 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 6/27/78	Date Compl. Ready to Prod. Dry- Shut in		Total Depth 6350'		P.B.T.D. 6302'			
Elevations (DF, RKB, RT, GR, etc.) 3653.1' GR	Name of Producing Formation Abo Reef		Top Oil/Gas Pay 6272'		Tubing Depth 6350'			
Perforations 6272-6284', 6304-6310'					Depth Casing Shoe 6350'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" OD		558'		400			
7-7/8"	5 1/2" OD		6350'		1730			
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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)

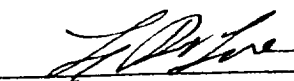
Date First New Oil Run To Tanks None	Date of Test 2/5/79	Producing Method (Flow, pump, gas lift, etc.) Swbd	
Length of Test 8 hrs	Tubing Pressure -	Casing Pressure -	Choke Size
Actual Prod. During Test 3	Oil-Bbls. 0	Water-Bbls. 3	Gas-MCF 0

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.


(Signature)
Dist. Drlg. Supt.
(Title)
10/10/79
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

TITLE _____

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Operator ARCO Oil and Gas Company Division of Atlantic Richfield Company		O. C. C. ARTESIA, OFFICE
Address Box 1710, Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box)		Other (Please explain)
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"/>

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. 232	Pool Name, including Formation Empire Abo	Kind of Lease State, Federal or Fee State	Lease No. OG-103
Location Unit Letter J ; 2300 Feet From The South Line and 1570 Feet From The East 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 type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? No When	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6/27/78	Date Compl. Ready to Prod. Dry- Shut in		Total Depth 6350'		P.B.T.D. 6302'			
Elevations (DF, RKB, RT, GR, etc.) 3653.1' GR	Name of Producing Formation Abo Reef		Top Oil/Gas Pay 6272'		Tubing Depth 6350'			
Perforations 6272-6284', 6304-6310'					Depth Casing Shoe 6350'			
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HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
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Length of Test 8 hrs	Tubing Pressure -	Casing Pressure -	Choke Size
Actual Prod. During Test 3	Oil-Bbls. 0	Water-Bbls. 3	Gas-MCF 0

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
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Dist. Drlg. Supt.
(Title)
10/10/79
(Date)

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Address Box 1710, Hobbs, New Mexico 88240					
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					No	

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V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					
Date Spudded 6/27/78	Date Compl. Ready to Prod. Dry- Shut in		Total Depth 6350'		P.B.T.D. 6302'			
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Dist. Drlg. Supt.
(Title)

10/10/79
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