·			
NO. OF COPIES RECEIVED			
DISTRIBUTION			Form C-104 Supersedes Old C-104 and C-110
SANTA FE	REQUEST F	OR ALLOWABLE	Effective 1-1-65
U.S.G.S.		AND AND NATURAL G	AS THE D
			RECEIVED
TRANSPORTER OIL GAS			OCT 1 2 1979
OPERATOR			
PRORATION OFFICE			0. C. C.
Operator ARCO Oil and Division of Atlantic Fi	Gas Company		ARTESIA, OFFICE
Address	definere company		
Box 1710, Hobbs, New M			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well X	Change in Transporter of: Oil Dry Gas		
Recompletion Change in Ownership	Casinghead Gas Condens		
			·····
If change of ownership give name and address of previous owner			
. DESCRIPTION OF WELL AND I	LEASE	Kind of Loope	Lease No.
Lease Name	Well No. Pool Name, Including Fo	rmation Kind of Lease State, Federal	Lease No.
Empire Abo Unit "K"	232 Empire Abo		State 06-105
Location Unit LetterJ;230	00_Feet From The South Line	and <u>1570</u> Feet From 7	The East
Line of Section 6 Tow	vnship 185 Range 28	ЗЕ , NMPM,	Eddy County
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which approv	ued copy of this form is to be sent)
Name of Authorized Transporter of Oil	or Condensate	Address (Give daaress to which approt	
None Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which approx	ved copy of this form is to be sent)
None	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en
If well produces oil or liquids, give location of tanks.		No	
	th that from any other lease or pool,		
If this production is comminged with . COMPLETION DATA		New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
Designate Type of Completio	on - (X) Oil Well Gas Well X	New Well Workover Deepen	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6/27/78	Dry- Shut in	6350' Top Oil/Gas Pay	6302 [†]
Elevations (DF, RKB, RT, GR, etc.) 3653.1' GR	Name of Producing Formation Abo Reef	6272'	6350'
Perforations		<u></u>	Depth Casing Shoe
6272-6284', 6304-6310		· · · · · · · · · · · · · · · · · · ·	6350'
		CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE		SACKS CEMENT
<u>11", , , , , , , , , , , , , , , , , , ,</u>	<u>8-5/8" OD</u> 5 ¹ 2" OD	<u>558'</u> 6350'	400
7-7/8"	2-3/8" OD	6174'	
	<u>2-3/8 0D</u>	01/4	
	OR ALLOWARDE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allou
V. TEST DATA AND REQUEST F	able for this de	epth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	iji, 210.j
None	2/5/79	Swbd Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Cantul Linnan	
8 hrs Actual Prod. During Test	Oil-Bbla.	Water-Bbls.	Gas-MCF
Actual Prod. During Test	0	3	0
GAS WELL			Convity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	I ama wassara (Sunc-18)		
I. CERTIFICATE OF COMPLIAN	NCE	OIL CONSERV	ATION COMMISSION
			, 19
I hereby certify that the rules and	regulations of the Oil Conservation		
	with and that the information given he best of my knowledge and belief.	1)	
word is the side complete to the) TITLE	
forthe		really in a sequent for all	compliance with RULE 1104. wable for a newly drilled or deepene
- Aller 10-	nature)	I want the form must be accomp	anied by a labulation of the deviation
· •	ruut w e /	tests taken on the well in acc	ordance with RULE 111. The filled out completely for allow
Dist. Drlg. Supt. (1	Fitle)	able on new and recompleted v	Yelis.
10/10/79	-	THIL AND ONLY Sections I	II III and VI for changes of owner
	Date)	well name or number, or transpo	rten or other such change of condition

Separate Forms C-104 must be filed for each pool in multiply completed wells.

	_		
NO. OF COPIES RECEIVED			
DISTRIBUTION		ONSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C-114 Effective 1-1-65
U.S.G.S.		AND NSPORT OIL AND NATURAL O	. 45
LAND OFFICE		NSFORT OIL AND NATURAL C	
TRANSPORTER OIL GAS	-		RECEIVED
OPERATOR PRORATION OFFICE			OCT 1 2 1979
Operator ARCO Oil and	Ges Company		O. C. C.
Address	Richfield Company		ARTEBIA, OFFICE
Box 1710, Hobbs, New		Other (Please explain)	· · ·
Reason(s) for filing (Check proper box	Change in Transporter of:	Omer (1 tease explaint)	
New Well X Recompletion		s	
Change in Ownership	Casinghead Gas Conden	isate	
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fo	ormation Kind of Leas	e Lease No.
Empire Abo Unit "K"	232 Empire Abo	State, Federa	lor Fee State 0G-103
Location I 22	300 Feet From The South Lin	e and 1570 Feet From	The East
6	190 - 91	8E , NMPM,	Eddy County
		<u> </u>	Indey
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to which appro	ved copy of this form is to be sent)
None			Least ship form in to be centl
Name of Authorized Transporter of Co None	asinghead Gas 🔄 or Dry Gas 🔄	Address (Give address to which appro	ved 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? Wh No	en
	with that from any other lease or pool,	give commingling order number:	<u></u>
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Resi'v
Designate Type of Complet	1 1	X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6/27/78	Dry- Shut in	6350'	6302' Tubing Depth
Elevations (DF, RKB, RT, GR, etc.) 3653.1' GR	Name of Producing Formation Abo Reef	Top Oil/Gas Pay 6272'	6350'
	ADO REEL	0272	Depth Casing Shoe
Perforations 6272-6284', 6304-6310	o'		6350'
		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8" OD 5 ¹ / ₂ " OD	558'	400
7=7/8"		6350'	1730
	2-3/8" OD	6174'	
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	after recovery of total volume of load oil	and must be equal to or exceed top allo
OIL WELL Date First New Oil Run To Tanks	able for this d	epth or be for full 24 hours) Producing Method (Flow, pump, gas l	ift, etc.)
	2/5/79	Swbd	-
None Length of Test	Tubing Pressure	Casing Pressure	Choke Size
8 hrs	-		
Actual Prod, During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
3	0	3	0
GAS WELL			Complete Contractor
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
CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION
الم المراجع ا	d regulations of the Oil Conservation	APPROVED	, 19
a land and have been complian	d regulations of the Oil Conservation d with and that the information given the best of my knowledge and belief.		
above is true and complete to	the boot of my minimum of the states	TITLE	
00 1			compliance with RULE 1104.
aprime		To us a sequent for all	wable for a newly drilled or deepend
al v d	ignature)	well, this form must be accomp tests taken on the well in acc	anied by a tabulation of the doviet.
Dist. Drlg. Supt.		All sections of this form n	just be filled out completely for allo
	(Titl=)	able on new and recompleted '	VC113.
10/10/79		Fill out only Sections I, well name or number, or transpo	II, III, and VI for changes of owner orten or other such change of condition
	(Date)	Separate Forms C-104 mu	ist be filed for each pool in multip

Separate Forms C-104 must be filed for each pool in multi completed wells.

	. · ·		
NO. OF COPIES RECEIVED			
SANTA FE		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110
FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL	SAS PEIVED
LAND OFFICE			REGETTE
IRANSPORTER GAS GAS			OCT 1 2 1979
OPERATOR	-		
Operator ARCO Oil and			ARTEBIA, OFFICE
Operator ARCO Oil and • Division of Atlantic	Richfield Company		ARIEBIA, OFFICE
Address			
Box 1710, Hobbs, New 1		Other (Please explain)	·
Reason(s) for filing (Check proper box, New Well	/ Change in Transporter of:		
Recompletion	Oil Dry Gas	s []	
Change in Ownership	Casinghead Gas Conden	sate]
If change of ownership give name	-		
and address of previous owner			
. DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including Fo	1	
Empire Abo Unit "K"	232 Empire Abo	State, Feder	al crifée State 0G-103
Location	Couth	. 1570	The Fast
Unit Letter J; 23	00 Feet From The South Line	e and <u>LJ/U</u> Feet From	ine <u>Bast</u>
Line of Section 6 To	wnship 185 Range 28	8Е , ммрм,	Eddy County
I. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to which appr	oved copy of this form is to be sent
Name of Authorized Transporter of Oil	or Condensate	Address (Give daaress to which app	
None Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent)
None			
	Unit Sec. Twp. Rge.	Is gas actually connected? W	hen
If well produces oil or liquids, give location of tanks.	1 I I I 1	No	
If this production is commingled wi	ith that from any other lease or pool,	give commingling order number:	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Rest'v.
Designate Type of Completi		x	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6/27/78	Dry- Shut in	6350'	6302
Elevations (DF, RKB, RT, GR, etc.) 3653.1 GR	Name of Producing Formation Abo Reef	Top Oil/Gas Pay 6272	Tubing Depth 6350'
	ADO KEEI	0272	Depth Casing Shoe
Perforations 6272-6284', 6304-6310	1		6350'
	TUBING, CASING, AND	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11'	8-5/8" OD 5 ¹ 2" OD	<u>558'</u> 6350'	400 1730
7-7/8"	2-3/8" OD	6174'	17.50
	2-576 00		
V. TEST DATA AND REQUEST E	FOR ALLOWABLE (Test must be a	ifter recovery of total volume of load o	il and must be equal to or exceed top allow-
OIL WELL	2010 70. 1111 -	epth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)
Date First New Oil Run To Tanks	Date of Test	Swbd	•
None Length of Test	2/5/79 Tubing Pressure	Casing Pressure	Choke Size
8 hrs	-		Ore-MCE
Actual Prod. During Test	Oil-Bbla.	Water-Bbls.	Gas-MCF
3	0	3	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			Chaka Siza
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
			ATION COMMISSION
VI. CERTIFICATE OF COMPLIA	NCE		
	a regulations of the Oil Conservation	APPROVED	, 19
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		• 11	
above is true and complete to t	he best of my knowledge and belief.		
		TITLE	
In.		This form is to be filed i	in compliance with RULE 1104.
Hora		I with the form must be accord	lowable for a newly drilled or deepened apanied by a tabulation of the deviation
•	gnature)	tests taken on the well in ac	cordance with MULE III.
Dist. Drlg. Supt.	Title)	All sections of this form able on new and recompleted	must be filled out completely for allow wells.
10/10/79		Titl out only Sections I	II III and VI for changes of owner
10/10/13	(Date)	well name or number, or transp	porter, or other such change of condition

Separate Forms C-104 must be completed wells. filed 1

	۰. ۲	· · · · ·	
DISTRIBUTION			
SANTA FE		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110
FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	G,AS
LAND OFFICE	-		
TRANSPORTER OIL GAS			RECEIVED
OPERATOR PRORATION OFFICE			
	Gas Company Richfield Company		OCT 1 2 1979
Address	-		0. C. C.
Box 1710, Hobbs, New		Other (Please explain)	ARTESIA, OFFICE
Reason(s) for filing (Check proper box New Well) Change in Transporter of:	Omer (1 teuse explain)	
Recompletion	Oil Dry Ga	s	
Change in Ownership	Casinghead Gas Conder	nsate	
If change of ownership give name and address of previous owner			
-	Y DAGD		
DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including F	ormation Kind of Lea	ise Lease No.
Empire Abo Unit "K"	232 Empire Abo	State, Fede	ral or Fee State 0G-103
Location			
Unit Letter J ; 23	00 Feet From The South Lin	e and <u>1570</u> Feet From	n The East
time of Section 6 To	wnship 18S Range 2	8E , NMPM,	Eddy County
Line of Section 0 To			: <u>ZXX/</u>
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	15	
Name of Authorized Transporter of Oil	l or Condensate	Address (Give address to which app	roved copy of this form is to be sent)
None	singhead Gas or Dry Gas	Address (Give address to which app	roied copy of this form is to be sent)
Name of Authorized Transporter of Ca	isingneda Gas or Dry Gas		
None	Unit Sec. Twp. P.ge.	Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.		No	
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Resi'v.
Designate Type of Completi			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6/27/78	Dry- Shut in	6350'	6302'
Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay	Tubing Depth
3653.1' GR	Abo Reef	6272'	6350' Depth Casing Shoe
Perforations 6272-6284', 6304-6310	1		6350'
0272-0204, 0304-0310		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8" OD 5½" OD	558'	400
7-7/8"		6350'	1730
	2-3/8" OD	6174'	
		1	il and must be equal to or exceed top allow
TEST DATA AND REQUEST F	COR ALLOWABLE (lest must be able for this d	epth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lijt, etc.)
None	2/5/79	Swbd	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	
8 hrs Actual Prod. During Test	- Oil-Bbls.	Water-Bbls.	Gas-MCF
Actual Prod. During Test	0	3	0
I			
GAS WELL		Bbis. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	The Conducation (a) WIMCL	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Contract of the second s			
CERTIFICATE OF COMPLIA	NCE	OIL CONSER	VATION COMMISSION
		APPROVED	
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	he best of my knowledge and belief.		
		TITLE	
la l		This form is to be filed	in compliance with RULE 1104.
Filtere		To all the ten encount for a	lowable for a newly drilled or deepene
(Sij	gnature)	tests taken on the well in ac	npanied by a tabulation of the deviatio coordance with RULE 111.
Dist. Drlg. Supt.		All sections of this form	must be filled out completely for allow
	Title)	sble on new and recompleted Fill out only Sectional	r if its and VI for changes of owner
10/10/79	'Date)	well name or number, or trans	porter, or other such change of condition

Separate Forms C-104 must be filed for completed wells.

NO. OF COPIES RECEIVED	-		
SANTA FE		INSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110
FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL O	SAS
LAND OFFICE			RECEIVED
GAS			OCT 1 2 1979
PRORATION OFFICE ARCO Oil and	Gas Company		G. G. G.
Address	Richfield Company		ARTERIA, DETTIN
Box 1710, Hobbs, New		Other (Please explain)	
Reason(s) for filing (Check proper bo) New We!l	Change in Transporter of:		
Recompletion	Oil Dry Gas		
Change in Ownership	Casinghead Gas Condens	sate	
change of ownership give name nd address of previous owner			
DESCRIPTION OF WELL AND	I FASF		
Lease Name	Well No. Pool Name, Including Fo	rmation Kind of Leas State, Federa	-
Empire Abo Unit "K"	232 Empire Abo		lorFee State 0G-103
	300 Feet From The South Line	and <u>1570</u> Feet From	The East
6	ownship 18S Range 28	З Е , ммрм,	EddyCounty
Line of Section			······································
ESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to which appro	ved copy of this form is to be sent)
None			
Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)
None	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en
If well produces oil or liquids, give location of tanks.		No	
	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 Res'v. Diff. Res'v.
Designate Type of Complet		X	P.B.T.D.
Date Spudded 6/27/78	Date Compl. Ready to Prod. Dry- Shut in	Total Depth 6350'	6302'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3653.1' GR	Abo Reef	6272'	6350' Depth Casing Shoe
Perforations 6272-6284', 6304-6310)'		6350'
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET 558'	SACKS CEMENT
11" 7-7/8"	8-5/8" OD 5'2" OD	6350'	1730
	2-3/8" OD	6174'	
		6	and must be equal to or exceed top allow
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a able for this de	pth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	iji, elc.)
None	2/5/79 Tubing Pressure	Swbd Casing Pressure	Choke Size
8 hrs	-		
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
3	0	<u> </u>	
GAS WELL			Gravity of Condensate
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
CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION
UERTIFICATE OF COMPLIA			10
I hereby certify that the rules an	d regulations of the Oil Conservation		, 19
Commission have been complied above is true and complete to t	i with and that the information given the best of my knowledge and belief.	DT	
		TITLE	
IN I		This form is to be filed in	compliance with RULE 1104.
Hora		If this is a request for allo	peable for a newly drilled or deepene panied by a tabulation of the deviation
	gnature)	tests taken on the well in acc	ordance with RULE III
Dist. Drlg. Supt.	(Title)	able on new and recompleted t	nust be filled out completely for allow wells.
10/10/79		Till out only Sections I	II, III, and VI for changes of owner orten or other such change of condition
	(Date)	Separate Forms C-104 mu	ist be filed for each pool in multipi
		completed wells.	<u>.</u>