

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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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I.

Operator Atlantic Richfield Company ✓		O. C. C. ARTESIA, OFFICE
Address P. O. Box 1710, Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> TA Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>		Other (Please explain) Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

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ARTESIA, NEW MEXICO

II. DESCRIPTION OF WELL AND LEASE

Lease Name Empire Abo Unit "M"	Well No. 131	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee Federal
Location Unit Letter D ; 1100 Feet From The North Line and 1200 Feet From The West Line of Section 11 , 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 Bk 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 Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Drawer A, Levelland, TX Phillips Bldg, 4th & Washington, Odessa, TX					
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:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X - TA					
Date Spudded 7/10/78	Date Compl. Ready to Prod. Dry Hole - TA		Total Depth 6325'		P.B.T.D. 6070'			
Pool Empire Abo	Name of Producing Formation Abo Reef		Top Oil/Gas Pay		Tubing Depth			
Perforations None						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" OD		970'		340 sx			
7-7/8"	5-1/2" OD		6325'		1396 sx			

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	Date of Test 9/4/78	Producing Method (Flow, pump, gas lift, etc.) Swbg	
Length of Test 9 hrs	Tubing Pressure 0	Casing Pressure Pkr	Choke Size -
Actual Prod. During Test 124 bbls	Oil-Bbls. 0	Water-Bbls. 124	Gas-MCF TSTM

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 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.

D. L. Shackelford
(Signature)
Accountant I
(Title)
9/8/78
(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.

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.

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O.C.C.
ARTESIA, OFFICE

I. Operator
Atlantic Richfield Company ✓
Address
P. O. Box 1710, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☒ TA Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

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ARTESIA, NEW MEXICO

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Empire Abo Unit "M"	Well No. 131	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee Federal
Location Unit Letter <u>D</u> ; <u>1100</u> Feet From The <u>North</u> Line and <u>1200</u> Feet From The <u>West</u> Line of Section <u>11</u> , Township <u>18S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> 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 Bk 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 Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Drawer A, Levelland, TX Phillips Bldg, 4th & Washington, Odessa, TX					
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:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X - TA					
Date Spudded 7/10/78	Date Compl. Ready to Prod. Dry Hole - TA		Total Depth 6325'		P.B.T.D. 6070'			
Pool Empire Abo	Name of Producing Formation Abo Reef		Top Oil/Gas Pay		Tubing Depth			
Perforations None						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" OD		970'		340 sx			
7-7/8"	5-1/2" OD		6325'		1396 sx			

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	Date of Test 9/4/78	Producing Method (Flow, pump, gas lift, etc.) Swbg	
Length of Test 9 hrs	Tubing Pressure 0	Casing Pressure Pkr	Choke Size -
Actual Prod. During Test 124 bbls	Oil-Bbls. 0	Water-Bbls. 124	Gas-MCF TSTM

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 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.

Al L. Shackelford
(Signature)
Accountant I
(Title)
9/8/78
(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.
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.

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O.C.C.
ARTESIA OFFICE

I. Operator
Atlantic Richfield Company
Address
P. O. Box 1710, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☒ TA Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
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 "M" Well No. 131 Pool Name, Including Formation Empire Abo Kind of Lease State, Federal or Fee Federal
Location
Unit Letter D ; 1100 Feet From The North Line and 1200 Feet From The West
Line of Section 11 , Township 18S Range 27E MPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Amoco Pipeline Company 2300 Continental Nat'l Bk Bldg, Ft Worth, TX
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
Amoco Production Company Drawer 4, Levelland, TX
Phillips Pipeline Company Phillips Bldg. 4th & Washington, Odessa, TX
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is well actually connected? When

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 Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
X - TA
Date Spudded 7/10/78 Date Compl. Ready to Prod. Dry Hole - TA Total Depth 6325' P.B.T.D. 6070'
Pool Empire Abo Name of Producing Formation Abo Reef Top Oil/Gas Pay Tubing Depth
Perforations None Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
11" 8-5/8" OD 970' 340 sx
7-7/8" 5-1/2" OD 6325' 1396 sx

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 Date of Test 9/4/78 Producing Method (Flow, pump, gas lift, etc.) Swbg
Length of Test 9 hrs Tubing Pressure 0 Casing Pressure Pkr Choke Size -
Actual Prod. During Test 124 bbls Oil-Bbls. 0 Water-Bbls. 124 Gas-MCF TSTM

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pilot, back pr.) Tubing Pressure Casing Pressure 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.
Accountant I
9/8/78
OIL CONSERVATION COMMISSION
APPROVED _____, 19_____
BY _____
TITLE _____
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O. C. C.
ARTESIA, OFFICE

Operator Atlantic Richfield Company	
Address P. O. Box 1710, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/> TA	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 "M"	Well No. 131	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee Federal
Location Unit Letter <u>D</u> ; <u>1100</u> Feet From The <u>North</u> Line and <u>1200</u> Feet From The <u>West</u> Line of Section <u>11</u> , Township <u>18S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> 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 Blvd, Ft. Worth, TX	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Amoco Production Company Phillips Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Drawer A, Levelland Phillips Bldg. 4th & Washington, Odessa, TX	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? No	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X - TA					
Date Spudded 7/10/78	Date Compl. Ready to Prod. Dry Hole - TA	Total Depth 6325'		P.B.T.D. 6070'				
Pool Empire Abo	Name of Producing Formation Abo Reef	Top Oil/Gas Pay		Tubing Depth				
Perforations None						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" OD		970'		340 sx			
7-7/8"	5-1/2" OD		6325'		1396 sx			

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	Date of Test 9/4/78	Producing Method (Flow, pump, gas lift, etc.) Swbg	
Length of Test 9 hrs	Tubing Pressure 0	Casing Pressure Pkr	Choke Size -
Actual Prod. During Test 124 bbls	Oil-Bbls. 0	Water-Bbls. 124	Gas-MCF TSTM

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 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.

W. L. Shackelford
(Signature)

Accountant I
(Title)

9/8/78
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

TITLE _____

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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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O. C. C.

ARTESIA, OFFICE

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U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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"/> TA	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 "M"	Well No. 131	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee Federal
Location			
Unit Letter D ; 1100 Feet From The North Line and 1200 Feet From The West			
Line of Section 11 , 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"/>	Address (Give address to which approved copy of this form is to be sent) 2300 Continental Nat'l Bk Bldg, Ft Worth, TX	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Drawer A, Levelland, TX Phillips Bldg, 4th & Washington, Odessa, TX	
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:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X - TA					
Date Spudded 7/10/78	Date Compl. Ready to Prod. Dry Hole - TA		Total Depth 6325'		P.B.T.D. 6070'			
Pool Empire Abo	Name of Producing Formation Abo Reef		Top Oil/Gas Pay		Tubing Depth			
Perforations None						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" OD		970'		340 SX			
7-7/8"	5-1/2" OD		6325'		1396 SX			

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	Date of Test 9/4/78	Producing Method (Flow, pump, gas lift, etc.) Swbg	
Length of Test 9 hrs	Tubing Pressure 0	Casing Pressure Pkr	Choke Size -
Actual Prod. During Test 124 bbls	Oil-Bbls. 0	Water-Bbls. 124	Gas-MCF TSTM

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 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.

Accountant I

9/8/78

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

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I. Operator		Atlantic Richfield Company ✓		O. C. C. ARTESIA, OFFICE	
Address P. O. Box 1710, Hobbs, New Mexico 88240					
Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well	<input checked="" type="checkbox"/> TA	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	Well No.	Pool Name, Including Formation	Kind of Lease
Empire Abo Unit "M"	131	Empire Abo	State, Federal or Fee Federal
Location			
Unit Letter	D	1100 Feet From The	North Line and 1200 Feet From The West
Line of Section	11	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"/>	Address (Give address to which approved copy of this form is to be sent)					
Amoco Pipeline Company	2300 Continental Nat'l Bk Bldg, Ft Worth, TX					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Amoco Production Company Phillips Pipeline Company	Drawer A, Levelland, TX Phillips Bldg, 4th & Washington, Odessa, TX					
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: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X - TA					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
7/10/78	Dry Hole - TA	6325'	6070'					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Empire Abo	Abo Reef							
Perforations	Depth Casing Shoe							
None								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11"	8-5/8" OD	970'	340 sx					
7-7/8"	5-1/2" OD	6325'	1396 sx					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
	9/4/78	Swbg	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
9 hrs	0	Pkr	-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
124 bbls	0	124	TSTM

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 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.

Sh. L. Backlund
(Signature)

Accountant I _____
(Title)

9/8/78 _____
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

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