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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
I RANSPORTER	OIL	
TRANSFORTER		
OPERATOR		
PROPATION OF		

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

	LAND OFFICE	_				1	RECEIVE
	TRANSPORTER GAS OPERATOR						SEP 1 5 1978
I.	PRORATION OFFICE Operator						O, C, C.
	Atlantic Richfield Co	ompany /					ARTESIA, OFFICE
	P. O. Box 1710, Hobbs	. New Mexico	88240		other (Pleas explain) SEP	MED	
	Reason(s) for filing (Check proper bo		332.0	C	ther (Please etplant)		
	New Well X TA	Change in Tra			RE	. 1078	
	Recompletion Change in Ownership	Oil Casinghead G	Dry Go	nsate	cFP 1	LA ISI	X
					J	111210171 30114	2
	If change of ownership give name and address of previous owner				M.S. GEO	L 4 1918 Lugichl Sunvi A, NEW MEXICO A,	
II.	DESCRIPTION OF WELL AND	LEASE					
	Lease Name Empire Abo Unit "M"		Well No. Pool No. 131 Empi	me, Including re Abo	Formation	Kind of Le	ease Heral or Fee Federal
	Location		TOT Emp	TE ADO		51-117, 1-51	- Too Pederal
	Unit Letter D; 110	OO Feet From Th	ne North Lin	12 and	00 Feet F	rom The We	st
	Line of Section 11 , To	ownship 18S	Bange 2	7E	, NMPM,	Eddy	County
	710	,	.,,,,,,	<u> </u>	,		Scarry
III.	DESIGNATION OF TRANSPOR		D NATURAL GA		ive address to which a	approved copy of t	this form is to be sent)
	Amoco Pipeline Company		-	2300 Co	ntinental Nat	'1 Bk Bldg	, Ft Worth, TX
	Name of Authorized Transporter of Co Amoco Production Compa		or Dry Gas	Drawer	A. Levelland	TX	this form is to be sent)
	Phillips Pipeline Com	pany Unit Sec.	Twp. Rge.	Phillip	s $Bldg$, 4th & ally connected?	Washingto	n, Odessa, TX
	If well produces oil or liquids, give location of tanks.	,		No			
	If this production is commingled w	ith that from any ot	her lease or pool,	give commin	ngling order number:		
IV.	COMPLETION DATA	Oil We	ell Gas Well	New Well	Workover Deeper	n Plug Back	Same Res'v. Diff. Res'v
	Designate Type of Completi	on - (X)		X - TA		l I	1
	Date Spudded	Date Compl. Ready		Total Depth		P.B.T.D.	
	7/10/78 Pool	Dry Hole -		6325' Top Oil/Ga		6070' Tubing De	pth
	Empire Abo	Abo Reef			•		
	Perforations					Depth Cas	ing Shoe
	None	TUR	NG, CASING, AN	CEMENTI	NG RECORD		
	HOLE SIZE	CASING & 1	TUBING SIZE		DEPTH SET		SACKS CEMENT
	11"	8-5/8			0'		sx
	7-7/8"	5-1/2	ОД	632	.5 '	1396	SX
V.	TEST DATA AND REQUEST F	OR ALLOWABLE	E (Test must be a			d oil and must be	equal to or exceed top allow
	OIL WELL Date First New Oil Run To Tanks	Date of Test	able for this de	<u> </u>	full 24 hours) Method (Flow, pump, g	as lift, etc.)	
		9/4/78		Swbg			
	Length of Test	Tubing Pressure		Casing Pre	ssure	Choke Siz	е
	9 hrs Actual Prod. During Test	Oil-Bbls.		Pkr Water-Bbls		Gas-MCF	
	124 bb1s	0		124		TST	M
		•					
	GAS WELL Actual Prod. Test-MCF/D	Length of Test		Bbls. Cond	ensate/MMCF	Gravity of	Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure		Casing Pres	ssure	Choke Siz	е
VI.	CERTIFICATE OF COMPLIAN	······································			OIL CONSE	RVATION CC	 MMISSION
	I hereby certify that the rules and Commission have been complied			11			, 19
	above is true and complete to the			1			
	***			TITLE_			
	13 11 4	01.0		11	form is to be filed	_	
	_ D. L. Shacker	rature)		If the	is is a request for a s form must be acco	allowable for a sompanied by a t	newly drilled or deepened abulation of the deviation
	Accountant I			tests tak	en on the well in a	ccordance with	RULE 111.
	(T	itle)		All able on	sections of this form new and recomplete	n must be filled d wells.	out completely for allow-
	9/8/78	Date)		Fill well nam	out Sections I, II, e or number, or trans	III, and VI on sporter, or other	ly for changes of owner, such change of condition
	(D	*					

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

N . OF COPIES RECEIVED DISTRIBUTION

9/8/78

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION

Form C -104

	SANTA FE	REQUES	Supersedes Old C-104 and C-110 Effective 1-1-65	
	FILE		AND	
	U.S.G.S.	AUTHORIZATION TO T	RANSPORT OIL AND NATURAL	GREEFIVES
	LAND OFFICE	_		TIVED
	TRANSPORTER GAS	-		CED 1 ~
	OPERATOR	-		SEP 1 5 1978
1	PRORATION OFFICE			
	Operator			U. C. C.
	Atlantic Richfield Co	ompany V		ARTESIA, OFFICE
	Address	v v · 000/0		
	P. O. Box 1710, Hobbs. Reason(s) for filing (Check proper box		Other (Please explain)	
	New Well X TA	Change in Transporter of:		
	Recompletion	Oil Dry	Gas D	· ·
	Change in Ownership	Casinghead Gas Con	densate 1	(10)
			Gas Cher (Please explain) Gas SEP 1 10	EK
	If change of ownership give name and address of previous owner		Name, Including Formation Name, Including Formation Property of the property	4.25.00
			11 S. Lieulo NE	1 Miles
II.	DESCRIPTION OF WELL AND	LEASE	Name Including Formation RIESINI	Kind of Lease
	Lease Name Empire Abo Unit "M"	131 Em	name, merading rounding.	State, Federal or Fee Federal
	Location	131 Em	olle Abb	Time,
	D 111	OO Feet From The North	Line and 1200 Feet From	West
	Unit Letter ;;	Feet From Ine	reet rio	n the
	Line of Section 11 , To	ownship 18S Range	27E , NMPM,	Eddy County
II.		TER OF OIL AND NATURAL	GAS	
	Name of Authorized Transporter of O		.	roved copy of this form is to be sent)
	Amoco Pipeline Compan			1 Bk Bldg, Ft Worth, TX proved copy of this form is to be sent)
	Name of Authorized Transporter of Co Amoco Production Compa	anv	Drawer A. Levelland, '	TX
	Phillips Pipeline Com	Unit Sec. Twp. Rge.	Phillips Bldg, 4th &	Washington, Odessa, TX
	If well produces oil or liquids, give location of tanks.	i i i i i i i i i i i i i i i i i i i	No	
		<u> </u>		
	If this production is commingled w COMPLETION DATA	ith that from any other lease or poo	of, give commingling order number:	
• • •		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
	Designate Type of Complete		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 Abo Reef	Top Oil/Gas Pay	Tubing Depth
	Empire Abo Perforations	Abo Ree1		Depth Casing Shoe
	None			
		TUBING, CASING, A	IND 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
				<u></u>
V.	TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be	e after recovery of total volume of load of depth or be for full 24 hours)	oil and must be equal to or exceed top allow
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
	bate i list item on itali i a i alian	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 bb1s	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
	resumd Memod (prot, back pr.)	Lucing 1 ressure	Casing 1 residence	0.000
T /=	CEPTIFICATE OF COURT	NCE	OH CONSERV	VATION COMMISSION
VI.	CERTIFICATE OF COMPLIAN	NCE	OIL CONSER	
	I hereby certify that the rules and	regulations of the Oil Conservation		, 19
	Commission have been complied	with and that the information give		
	above is true and complete to the	ne best of my knowledge and belie	11	
			TITLE	
	2	4/ 4	This form is to be filed i	n compliance with RULE 1104.
	J. L. Shacke	Chard	If this is a request for al	lowable for a newly drilled or deepened
	(Sig	hature)	well, this form must be accome tests taken on the well in ac	panied by a tabulation of the deviation
	Accountant I			must be filled out completely for allow-
		Title)	able on new and recompleted	walle

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.

- [NO. OF COPIES RECE					
	DISTRIBUTIO	ON				
	SANTA FE					
	FILE					
	U.S.G.S.					
	LAND OFFICE					
	TRANSPORTER	OIL				
	GAS					
	OPERATOR					
1.	PRORATION OFFICE					

D. L. Spackelfory

(Title)

(Date)

Accountant I

9/8/78

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWARIE

Form C-104 Supersedes Old C-104 and C-110

EU E				KEU	40E21		LUWADLE		Effec	ctive 1-1-65	
FILE						AND					
U.S.G.S.			AUTHORIZA	ATION T	TO TRA	NSPORT	OIL AND NAT	TURAL G	45		
LAND OFFICE									D		
TRANSPORTER	OIL								KEC	EIV	ED
	GAS										- 0
OPERATOR									SED	1 5 1979	
I. PRORATION OF	FICE								OLI	19 14\8	
Operator											
Atlantic R	ichfie	1d Cor	npany						0.	C.C	
Address									ARTES	A. DEFICE	
P. O. Box 1	710, H	obbs,	New Mexico 8	8240				٠,			
Reason(s) for filing	(Check pr	oper box,)				Other (Please exp	olain)			
New Well	X TA		Change in Trans	sporter cf:					•		
Recompletion		•	Oil		Dry Ga	ıs			-		
Change in Ownershi	ī,		Casinghead Gas	, Ħ	Conden	asate					
				<u> </u>						· · · · · · · · · · · · · · · · · · ·	
If change of owners	ship give	name									
and address of prev	vious own	ner									
II. DESCRIPTION O	F WELI	LAND	LEASE						75/ . 4 . 4 . 1		
Lease Name							ng Formation		Kind of Leas		
Empire Abo	Unit "	M''		131	Empi	re Abo			State, Feder	al or Fee Fec	leral
Location						-				. —	
Unit Letter D		110	O Feet From The	Nor	th Lin	ie and 1	.200 _F	eet From T	_{he} West	- -	
Oint Letter		·									
Line of Section	11	Tov	vnship 18S	Ra	mge 2	7E	MPM,	Edd	ly		County
Elife of Beetler.						777			<u> </u>		
II PECICS ATION O	r row	venana	PER OF OIL AND	NIATERE	DAT CA						
II. DESIGNATION O	Transport	er of Oil	X or Condens	sate	IAL G	dress	Give Allress to w	hich approv	ed copy of thi	s form is to b	e sent)
	-		ZI CI CONGCIN	3416	F. L.	2200 (on inental	Mot 1 1	ou copy sy the	Et Worth	nrv
Amoco Pipel						123001	bincruentar	Nat I I	ok blug,	FL WOLLI	Ι, ΙΛ
Name of Authorized Amoco Produ				r Dry Gas		De Street	Give address to w	nich approvi and TX	ed copy of thi	s form is to b	e sent)
Phillips Pi	peline	Compa	anv			Phill	A, ALEVELLE DS. Bldg. 4	th & Was	hington	. Odessa	TX
If well produces oil	-	-	Unit Sec.	Twp.	Rge.	Les Jest de	tudio connected?	When	n		
give location of tank		••	i ! !	į	,	1. 1. 1. 1.	S ¹	l l			
			<u> </u>	- •		- 14/1/2.					
If this production i		igied wi	in that from any oth	er lease	or pool,	give com	unging order nu				
IV. COMPLETION D	AIA		Oil Wel	1 Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Ty	pe of Co	mpletic	on = (X)	1		X - TA			1	!	1
Date Spudded			Date Compl. Ready	to Prod		Total De			P.B.T.D.	L	1
1						632			6070'		
7/10/78			Dry Hole -							L.	
Pool			1	rormation		Top Oil/	Gas Pay	•	Tubing Dept	n	
Empire Abo			Abo Reef			<u> </u>					
Perforations									Depth Casin	g Shoe	
None											
			TUBIN	IG, CASII	NG, AND	D CEMEN	TING RECORD				
HOLE	SIZE		CASING & T				DEPTH SET		SA	CKS CEMEN	1T
11"			8-5/8"			1	970 '		340	sx	
7-7/8"			5-1/2"				325'		1396		
1-110			J-1/2	OD.		+ 0,	<i>,</i>	<u> </u>	1370		
			1			 					
L				·····					L		
V. TEST DATA AN	D REQU	EST F	OR ALLOWABLE	(Test			ry of total volume	of load oil a	nd must be ed	qual to or exce	eed top allow
OIL WELL			T	able fo	or inis de	-	or full 24 hours) g Method (Flow, pa		ota 1		
Date First New Oil	Hun To T	anks	Date of Test					ump, gas tiji	, eic.)		
			9/4/78		····	Swb			,		
Length of Test			Tubing Pressure			Casing F	ressure		Choke Size		
9 hrs			0			Pk	r		_		
Actual Prod. During	Test		Oil-Bbls.			Water-B	ols.		Gas-MCF		
124 bbls			0			12	4		TSTM		
124 0019			· · · · · · · · · · · · · · · · · · ·			i					
CAC WEST											
GAS WELL	WCE A		Length of Test			Rhie C-	ndensate/MMCF		Gravity of C	ondensate	
Actual Prod. Test-	MCF/D		Length of Test			DDIS. CO	inchedie/ MMCF		Gravity of C	ondensate	
			<u> </u>			 				···	
Testing Method (pix	ot, back p	or.)	Tubing Pressure			Casing F	ressure		Choke Size		
			<u> </u>	.,		<u> </u>					
VI. CERTIFICATE	OF COM	PLIAN	CE				OIL CO	NSERVA	TION CON	MISSION	
			CERTIFICATE OF COMPLIANCE					_			
						1)					
T honologie	04 4ka = 1	100 0=4	regulations of the C	il Conn	arvatio-	APPR	OVED			, i9	·
Commission have	been co	mplied v	regulations of the C with and that the i	nformatio	n given		OVED				
Commission have	been co	mplied v	regulations of the C with and that the is best of my knowl	nformatio	n given						

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.

NO. OF COPIES RECEIVED	•							
		•						
DISTRIBUTION		CONSERVATION COMMISSION	Form C-104					
SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65					
FILE		AND	Firective 1-1-03					
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURA	AL GAS					
LAND OFFICE								
TRANSPORTER GAS			RECEIVED					
OPERATOR PRORATION OFFICE			SEP 1 5 1070					
Cperator Atlantic Richfield	Atlantic Richfield Company							
Address			ARTESIA, OFFICE					
P. O. Box 1710, Hobb Reason(s) for filing (Check proper		Other (Please explain)						
1 ===	Change in Transporter of:		•					
i ====================================	Oil Dry C	as [
Recompletion Change in Ownership		ensate						
If change of ownership give nam and address of previous owner	e							
. DESCRIPTION OF WELL AN	DIFASE							
Lease Name		Jame, Including Formation	Kind of Lease					
Empire Abo Unit "M"	131 Emp	ire Abo	State, Federal or Fee Federal					
Unit Letter D ; 1	100 Feet From The North	ine and 1200 Feet F	rom The West					
Line of Section 11	Township 18S Range	27E , NMPM,	Eddy County					
	ORTER OF OIL AND NATURAL G	AS						
Name of Authorized Transporter of			porough copy of this form is to be sent)					
Amoco Pipeline Compa			1 Bk Blog, Ft Worth, TX					
Name of Authorized Transporter of	Casinghead Gas 😿 💮 or Dry Gas 🦳	Address (Give address to which a	ipproved copy of this form is to be sent)					
Amoco Production Com Phillips Pipeline Co	pany	brawer A. Leverrand.	(1X)					
	Unit Sec. Twp. Rge.	Is gas actually connected?	When When					
If well produces oil or liquids, give location of tanks.		No	List of the last					
	with that from any other lease or pool	, give commingling order number:	Washington, Odessa, TX					
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deeper						
Designate Type of Comple	etion = (X)	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	Abo Reel		Depth Casing Shoe					
			Dopin duality chief					
None			<u> </u>					
		ND 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					
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be		d oil and must be equal to or exceed top allow					
OIL WELL	able for this	depth or be for full 24 hours)						
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, g	as 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					
OAG WEY "								
GAS WELL	I amount of Treet	Phile Condensate Autor	Complete of Condessed					
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					
į.								
. CERTIFICATE OF COMPLI	ANCE	OIL CONSE	RVATION COMMISSION					

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

APPROVED

BY

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.

(Title)

(Date)

D. L. Shackelfor

Accountant I

9/8/78

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FILE	FILE						
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LAND OFFICE							
TRANSPORTER	OIL						
OPERATOR							
PROBATION OF							

VI.

9/8/78____

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION

	FILE	REQUE	ST FOR ALLOWABLE	Supersedes Old C-104 and C-
	U.S.G.S.	AUTHORIZATION TO	AND	Effective 1-1-65
	LAND OFFICE	AUTHORIZATION TO	TRANSPORT OIL AND NATURAL	GAS RECEIVED
	TRANSPORTER OIL GAS			SEP 1 5 1978
	OPERATOR PROPATION OFFICE			
I.	Operator			O. C. C.
	Atlantic Richfield	Company		160
	P. O. Box 1710, Hobb	s. New Mexico 88240	REOF.	
	Reason(s) for filing (Check proper	box)	Other (Please explain)	1073
	New Weil X TA	Change in Transporter of:	SEPI	્યાસ
	Recompletion		r Gas Licite Uta	1000
	Change in Ownership	Casinghead Gas Co	Other (Please explain) 1 A SEV 1012 r Gas Indensate U.S. Girli 1012 NOTESIA, 1	Ell Princes
	If change of ownership give nam and address of previous owner	e	Alties	
II.	DESCRIPTION OF WELL AN			
	Empire Abo Unit "M"		Name, Including Formation pire Abo	Kind of Lease State, Federal or Fee Federal
	Location Unit Letter D , 1	100 North	Line and 1200 Feet From	
	1,1	100		-
	,	Transport		ldy County
III.	Name of Authorized Transporter of	OIL AND NATURAL OIL AND OIL	GAS Address (Give address to which appro	ved copy of this form is to be sent)
	Amoco Pipeline Compa	-	2300 Continental Nat'1	Bk Bldg, Ft Worth, TX
	Name of Authorized Transporter of Amoco Production Com	nany	Address (Give address to which appro- Drawer A, Levelland, TX	ved conv of this form is to be sent)
	Phillips Pipeline Co	mpany	Phillips Bldg, 4th & Wa	shington, Odessa, TX
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	No Who	en
IV.	If this production is commingled COMPLETION DATA	with that from any other lease or poo	ol, give commingling order number:	
	Designate Type of Comple	tion (Y)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
			X - TA	
	Date Spudded 7/10/78	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Pool	Dry Hole - TA Name of Producing Formation	6325' Top Oil/Gas Pay	6070'
	Empire Abo	Abo Reef	Top On/Gds Pdy	Tubing Depth
	Perforations			Depth Casing Shoe
	None	THOMS CASING A	WB 65 15 15 15 15 15 15 15 15 15 15 15 15 15	
	HOLE SIZE	CASING & TUBING SIZE	ND CEMENTING RECORD DEPTH SET	
	11"	8-5/8" OD	970'	SACKS CEMENT 340 SX
	7-7/8''	5-1/2" OD	6325'	1396 sx
V.	TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be	e after recovery of total volume of load oil	and must be equal to or exceed top allow
ı	Date First New Oil Run To Tanks	Date of Test	depth or be for full 24 hours) Producing Method (Flow, pump, gas lif	· ata
		9/4/78	Swbg	,,
İ	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	·		
ſ	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 CONSERVA	TION COMMISSION
				÷=
	I hereby certify that the rules and	d regulations of the Oil Conservation	n APPROVED	, 19
	Commission have been complied above is true and complete to t	with and that the information give he best of my knowledge and belief	BY	
	<u>-</u>			
			TITLE	
	1 8 11 .6.	Plan	This form is to be filed in co	ompliance with RULE 1104.
-	D. L. Shackl	hature)	If this is a request for allows	able for a newly drilled or deepened ied by a tabulation of the deviation
	Accountant I	,	tests taken on the well in accord	lea by a tabulation of the deviation lance with RULE 111.
-		Title)	All sections of this form mus	t be filled out completely for allow-
	- 1 - 1	·	apre ou new and recombieted Mel	.13.

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

U. Or COPIES ACCHIVED DISTRIBUTION SANTA FE FILE

9/8/78

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATUR	
LAND OFFICE			RECEIVE
TRANSPORTER GAS			SEP 1 5 1978
OPERATOR PRORATION OFFICE Operator			· · · · · · · · · · · · · · · · · · ·
Atlantic Richfield	Company /		O. C. C. ARTESIA, OFFICE
Address	N 1 000/0		
P. O. Box 1710, Hobb Reason(s) for filing (Check proper		Other (Pleasesexplain	
New Well X TA	Change in Transporter of:		.279
Recompletion	Oil Dry G	as .	141810
Change in Ownership	Casinghead Gas Condo	ensate St.	
If change of ownership give nam		الملكا ع ر	Tropies Control
and address of previous owner _		1012	141018 UNICH MENIOD
DESCRIPTION OF WELL AN	ND LEASE	ame, Including Formation	Kind of Lease
Lease Name Empire Abo Unit "M"		ire Abo	State, Federal or Fee Federal
Location			West
	Feet From The North L	777	m 1 1
Line of Section 11 ,	Township 18S Range	Z/E , NMPM,	Eddy Count
	ORTER OF OIL AND NATURAL G	AS	
Name of Authorized Transporter of	Oil 🔏 or Condensate	Address (Give address to which	approved copy of this form is to be sent)
Amoco Pipeline Compa	- · · · · · · · · · · · · · · · · · · ·		t'1 Bk Bldg, Ft Worth, TX approved copy of this form is to be sent)
Amoco Production Com	pany	Drawer A. Levelland	. TX
Phillips Pipeline Co	Unit Sec. Twp. Rge.	Is gas actually connected?	& Washington, Odessa, TX When
give location of tanks.	<u>, , , </u>	No	
	with that from any other lease or pool	, give commingling order number	r:
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deep	en Plug Back Same Res'v. Diff. Re
Designate Type of Comple		X - TA	
Date Spudded	Date Compl. Ready to Prod.	Total Depth 6325	P.B.T.D. 6070'
7/10/78	Dry Hole - TA Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Empire Abo	Abo Reef		· .
Perforations			Depth Casing Shoe
None	TURING CASING AN	ID 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
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of lo	ad oil and must be equal to or exceed top al
OIL WELL	able for this c	Producing Method (Flow, pump,	
Date First New Oil Run To Tanks	Date of Test 9/4/78	Swbg	gus tijt, etc.)
Length of Test		Casing Pressure	Choke Size
9 hrs	0	Pkr	_
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF TSTM
124 bbls	0	124	13111
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
CERTIFICATION OF COLUMN	ANGE	OH CONSE	ERVATION COMMISSION
. CERTIFICATE OF COMPLI	ANCE		
I hereby certify that the rules a	nd regulations of the Oil Conservation	II .	, 19
Commission have been complied	ed with and that the information giver the best of my knowledge and belief.	BY	
•		!	
1 × 11 - 11	Elar S		ed in compliance with RULE 1104. allowable for a newly drilled or deepe
J. J. Mack	Signature)	well this form must be acc	companied by a tabulation of the deviat accordance with RULE 111.
Accountmant I			rm must be filled out completely for all
	(Title)	able on new and recomplet	red 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.