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| | SANTA FE | 1 | | | | | | |
| | FILE | 1- | | | | | | |
| | U.S.G.S. | | | | | | | |
| | LAND OFFICE | | | | | | | |
| | IRANSPORTER | OIL | / | | | | | |
| | | GAS | 1/1 | | | | | |
| | OPERATOR | / | ļ | | | | | |
| I. | PRORATION OF | <u> </u> | | | | | | |
| | Atlantic Richfield Con Address P. 0. Box 1710, Hobbs | | | | | | | |
| | Reason(s) for filing (Check proper box, | | | | | | | |
| | New Well | | | , | | | | |
| | Recompletion | | | | | | | |
| | Change in Ownership | <u> </u> | | | | | | |

Accountant I

9/27/78

(Title)

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

| Form C-104 | |
|--------------------------|------|
| Supersedes Old C-104 and | C-11 |
| Effective 1-1-65 | ı. |

| FILE /- | 7 | -40-01 | AND | | Effective 1-1- | 65 | | | | |
|--|--|---------------------------------------|---|------------------|---------------------------------------|-------------------|--|--|--|--|
| U.S.G.S. | ALITHODIZATION | T TO TD | | JATUDAL C | ΛC | | | | | |
| LAND OFFICE | AUTHORIZATION | REC | ANSPORT OIL AND NEIVED | MATURAL G | AS | | | | | |
| TRANSPORTER OIL | | | EIVED | | | | | | | |
| GAS 1/ | | 00- | • | | | | | | | |
| OPERATOR / | | OCT | 2 1978 | | | | | | | |
| I. PRORATION OFFICE | | | 1318 | | | | | | | |
| Operator | <u> </u> | 0, 0 | * ~ | | · · · · · · · · · · · · · · · · · · · | | | | | |
| Atlantic Richfield Company Address | | | | | | | | | | |
| P O Por 1710 Hobbs | • | | | | | | | | | |
| P. O. Box 1710, Hobbs Reason(s) for filing (Check proper box | , New Mexico 00240 | <u> </u> | Other (Please | explain! | | | | | | |
| New Well | Change in Transporter | of: | 0 | | • | | | | | |
| Recompletion | Oil | Dry Go | ıs 🔲 | | | | | | | |
| Change in Ownership | Casinghead Gas | Conde | nsate | 4.3 | 4 ■ | | | | | |
| | | | | - | • | | | | | |
| If change of ownership give name and address of previous owner | | | 1 | | | | | | | |
| and address of previous owner | | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| II. DESCRIPTION OF WELL AND | LEASE | | | | | | | | | |
| Lease Name | | o. Pool Na | me, Including Formation | | Kind of Lease | | | | | |
| Empire Abo Unit "K" | 184 | Emp | ire Abo | | State, Federal or Fee | Federal | | | | |
| Location | | | | | | | | | | |
| Unit Letter K ; 229 | O Feet From The Sou | uth Lin | ne and 2445 | Feet From T | he West | • | | | | |
| | | | | | | | | | | |
| Line of Section $ 1 $, To | wnship 18S | Range 2 | 7E , NMPM, | , | Eddy | County | | | | |
| | | | | | | | | | | |
| I. <u>DESIGNATION OF TRANSPOR</u> | TER OF OIL AND NAT | URAL GA | IS | | | | | | | |
| Name of Authorized Transporter of Oil | | | Address (Give address t | o which approv | ed copy of this form is | to be sent) | | | | |
| Amoco Pipeline Compan | у . | | 2300 Continenta | al Nat'l B | Bk Bldg, Ft Wo | rth, TX | | | | |
| Name of Authorized Transporter of Car | | as 🔲 | Address (Give address t | o which approv | ed copy of this form is | to be sent) | | | | |
| Amoco Production Comp Phillips Petroleum Co | | | Drawer A, Level | | shinaton Odoa | as TV | | | | |
| If well produces oil or liquids, | Unit Sec. Twp. | Rge. | Phillips Bldg, Is gas actually connected | ed? Whe | n Oues | 50, 10 | | | | |
| give location of tanks. | F 1 189 | S 27E | Yes | İ | 7/31/78 | | | | | |
| If this production is commingled wi | th that from any other leas | e or pool | give commingling order | numbon | | | | | | |
| V. COMPLETION DATA | th that from any other reas | ie or poor, | give comminging order | number. | | | | | | |
| | | Gas Well | New Well Workover | Deepen | Plug Back Same Re | s'v. Diff. Res'v. | | | | |
| Designate Type of Completion | $\operatorname{on} - (X)$ | | X | · - | | 1 | | | | |
| Date Spudded | Date Compl. Ready to Prod. | • | Total Depth | | P.B.T.D. | | | | | |
| 6/20/78 | 7/31/78 | | 6200' | • | 6190' | | | | | |
| Pool | Name of Producing Formation | on | Top Oil/Gas Pay | | Tubing Depth | | | | | |
| Empire Abo | Abo Reef | | 6172' | • | 6181' | | | | | |
| Perforations | | | | | Depth Casing Shoe | | | | | |
| 6172-6186' | | | | | 6200 ' | | | | | |
| | TUBING, CA | SING, AND | CEMENTING RECOR | D | | | | | | |
| HOLE SIZE | CASING & TUBING | SIZE | DEPTH SE | т | SACKS CE | MENT | | | | |
| 11" | 8-5/8" OD | | 1010' | | 475 | | | | | |
| 7-7/8" | 5-1/2" OD | | 6200 ' | | 905 | | | | | |
| | 2-3/8" OD | | 6181' | | | | | | | |
| | | | ~ | | | | | | | |
| V. TEST DATA AND REQUEST F | OR ALLOWABLE (Tes | t must be a | fter recovery of total volum | ne of load oil a | nd must be equal to or | exceed top allow- | | | | |
| OIL WELL | able | for this de | pth or be for full 24 hours, | <i>)</i> | | - F | | | | |
| Date First New Oil Run To Tanks | Date of Test | | Producing Method (Flow, | , pump, gas lift | , etc.) | | | | | |
| 7/25/78 | 9/4/78 | | Flow | | | | | | | |
| Length of Test | Tubing Pressure | | Casing Pressure | | Choke Size | | | | | |
| 24 hrs | 60# | | Pkr | | 48/64" | | | | | |
| Actual Prod. During Test | Oil-Bbls. | | Water-Bbls. | | Gas-MCF | | | | | |
| 40 bbls | 40 | | 0 . | | 81 | | | | | |
| | | | | | | | | | | |
| 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 | | | | | |
| Ŀ | | | | | | | | | | |
| I. CERTIFICATE OF COMPLIANCE | CE. | | OIL C | ONSERVA | TION COMMISSIO | N | | | | |
| | | | <u>-</u> | riin 1 | 1070 | | | | | |
| I hereby certify that the rules and r | egulations of the Oil Cons | servation | APPROVED | FEB 1 | 13/3 | 19 | | | | |
| Commission have been complied wabove is true and complete to the | a a sessett | | | | | | | | | |
| above is time and complete to the | | BY O, G, FSUSSEE | | | | | | | | |
| | | 1 | TITLE SU | PERVISOR, | DISTRICT H | | | | | |
| . | | | | L - 6:42 * * | | | | | | |
| D. L. Shacker | Loral V | | 11 | | ompliance with BULE | | | | | |
| Sight | If this is a request for allowable for a newly drilled or deepend (Signature) well, this form must be accompanied by a tabulation of the deviation | | | | | | | | | |
| , ~ · · · · · · · · · · · · · · · · · · | • | | tests taken on the w | | | | | | | |

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.

Soparate Forms C-104 must be filed for each pool in multiply