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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

JAN 24 1979

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"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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. 151	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee Federal
Location Unit Letter B ; 400 Feet From The North Line and 1450 Feet From The East 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 Natl 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 Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer A, Levelland, TX 4001 Penbrook, Odessa, TX 79762		
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 11	Twp. 18S
		Rge. 27E	Is gas actually connected? Yes
			When 12/23/78

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 08/01/78	Date Compl. Ready to Prod. 09/05/78		Total Depth 6310'		P.B.T.D. 6239'			
Pool Empire Abo	Name of Producing Formation Abo Reef		Top Oil/Gas Pay 6150'		Tubing Depth 6068'			
Perforations 6150-6165'					Depth Casing Shoe 6310'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" OD		1000'		290 sx			
7-7/8"	5-1/2" OD		6310'		1520 sx			
	2-3/8" OD		6068'					

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 09/05/78	Date of Test 12/24/78	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test 87 bbls.	Oil-Bbls. 51	Water-Bbls. 36	Gas-MCF 59

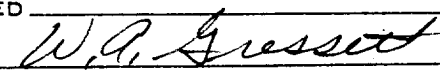
GAS WELL

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.

  
(Signature)  
Dist. Drlg. Supt.  
(Title)  
01/18/79  
(Date)

OIL CONSERVATION COMMISSION  
MAR 1 1979  
APPROVED  
BY   
TITLE SUPERVISOR, DISTRICT II

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.