NO. OF CAPIES RECEIVED			1
DISTRIBUTION		!	- <i>Le</i>
SANTA FE			
FILE		1	
U.S.G.S.			1
LAND OFFICE			
TRANSPORTER	OIL	7	
	GAS	1/1	
OPERATOR		1	
PRORATION OFFICE			
Cperator			

9/6/78

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-111

U.S.G.S. LAND OFFICE TRANSPORTER OIL / GAS //	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS RECEIVED	
TRANSPORTER OIL /			RECEIVED	
TRANSPORTER	_			
OPERATOR / PRORATION OFFICE			SEP - 7 1978	
Atlantic Richfield Com	npany 🗸		C. C. C.	
P. O. Box 1710, Hobbs,	New Mexico 88240			
Reason(s) for filing (Check proper box		Other (Please explain)		
New Well X	Change in Transporter of:			
Recompletion Change in Ownership	Oil Dry Go Casinghead Gas Conde	==		
If change of ownership give name	Conde	·	<i>3</i> ·	
DESCRIPTION OF WELL AND				
Lease Name		ame, including Formation	Kind of Lease	
Empire Abo Unit "J"	234 Empi	re Abo	State, Federal or Fee State	
†	Feet From The North Lin	ne and 2441 Feet From	n The East	
Line of Section 6 , To	wnship 18S Range	28E , NMPM, E	Eddy County	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA		roved copy of this form is to be sent)	
Amoco Pipeline Company	· —		Bk Bldg, Ft Worth, TX	
Name of Authorized Transporter of Ca Amoco Production Compa Phillips Petroleum Com	iny	Address (Give address to which app P. O. Drawer A, Levell Phillips Bldg, 4th & V Is gas actually connected?	roved copy of this form is to be sent) Land, TX	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. P 31 17S 28E	Is gas actually connected?	8/29/78	
If this production is commingled wi	th that from any other lease or pool,	give commingling order number:		
COMPLETION DATA	Oii Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty	
Designate Type of Completic		X Beepen	Flug Dack Same Ness. Pitt. Ress.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
8/4/78	8/29/78	6260'	6179 '	
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Empire Abo	Abo Reef	6124'	5977'	
6124-6144'			Depth Casing Shoe	
0124-0144	TUBING, CASING, ANI	D CEMENTING RECORD	0200	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
11"	8-5/8" OD	556'	425 sx plus 3 yds Redi	
7-7/8"	5-1/2" OD	6260'	mi	
	2-3/8" OD	5977'		
TOPOTO DATE AND DECLIFOR F	OD AV FOWADY D			
TEST DATA AND REQUEST FOIL WELL		ifter recovery of total volume of load o epth or be for full 24 hours)	il and must be equal to or exceed top allow	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
8/27/78	8/30/78	Flow_	1. ar Tar	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 hrs Actual Frod. During Test	95# OII-Bbls.	Pkr Water-Bbls.	48/64" Gas-MCF	
333 bb1s	333	0	191	
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	
CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION COMMISSION		
		APPROVED SEP 2.9 1978 , 19		
Commission have been complied to	with and that the information given e best of my knowledge and belief.	BY Waxy	resset	
	at any anomicuge and bench		DISTRICT IL	
0 0 0 1 01.0		TITLE SUPERVISOR, DISTRICT IL This form is to be filed in compliance with RULE 1104.		
	cature /	well, this form must be accompanied tests taken on the well in accompanied to the well in the we	panied by a tabulation of the devisting ordance with RULE 111.	
Accountant I		All sections of this form m	nust be filled out completely for allow-	

Fill out Sections I, II, III, and VI only for changes of wheet, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in reducity.