

DISTRIBUTION	
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U.S.G.S.	
LAND OFFICE	
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 1979
B. L. C.
ARTERIA, OFFICE

Operator Atlantic Richfield Company	
Address 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"/> 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 "L"	Well No. 143	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee State
Location Unit Letter N ; 1200 Feet From The South Line and 1900 Feet From The West Line of Section 2 , 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 Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Drawer A, Levelland, TX 400 Penbrook, Odessa, TX	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 2
	Twp. 18S	Rge. 27E
	Is gas actually connected? Yes	When 12/20/78

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11/26/78	Date Compl. Ready to Prod. 12/20/78		Total Depth 6093'		P.B.T.D.			
Pool Empire Abo	Name of Producing Formation Abo Reef		Top Oil/Gas Pay 5982'		Tubing Depth 5887'			
XXXXXX Interval open producing thru csg pkr sliding sleeves 5982-6003'					Depth Casing Shoe 6093'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" OD		1000'		625 SX			
7-7/8"	5-1/2" OD		6093'		1025 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 12/20/78	Date of Test 12/25/78	Producing Method (Flow, pump, gas lift, etc.) Flwg	
Length of Test 24 hrs	Tubing Pressure 90#	Casing Pressure Pkr	Choke Size 48/64"
Actual Prod. During Test 368 bbls	Oil-Bbls. 368	Water-Bbls. 0	Gas-MCF 186

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)
Engr Tech, Specialist
(Title)
1/2/79
(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 1 1979**, 19
BY **W. A. Gussett**
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.

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