

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104  
Supersedes Old O-104 and O-110  
Effective 1-1-75

NOV 14 1978

O. C. C.  
ARTESIA, OFFICE

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TRANSPORTER	OIL / GAS //
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Operator Atlantic Richfield Company	
Address P. O. Box 1710, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain.)	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Empire Abo Unit "K"	Well No. Pool Name, Including Formation 193 Empire Abo	Kind of Lease State, Federal or Free Federal
Location		
Unit Letter <u>K</u>	2490 Feet From The <u>South</u> Line and	2200 Feet From The <u>East</u>
Line of Section <u>1</u>	Township <u>18S</u>	Range <u>27E</u> , NMPM, <u>Eddy</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)	
AMOCO Pipeline Company	2300 Continental Nat'l Bk. Bldg., Ft Worth, Tex.	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
AMOCO Production Co. Phillips Petroleum Co.	P. O. Drawer A, Levelland, Tex. Phillips Bldg., 4th & Washington, Odessa, Tex.	
If well produces oil or liquids, give location of tanks.	Unit <u>F</u> Sec. <u>1</u> Twp. <u>18S</u> Rge. <u>27E</u>	Is gas actually connected? <u>Yes</u> When <u>10-26-78</u>

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 Resrv. <input type="checkbox"/> Diff. Resrv. <input type="checkbox"/>		
Date Spudded 9-29-78	Date Compl. Ready to Prod. 10-26-78	Total Depth 6225'	P.E.T.D. 6200'
Pool Empire Abo	Name of Producing Formation Abo Reef	Top Oil/Gas Pay 6150'	Tubing Depth 6047'
Perforations 6150-6160'	Depth Casing Shoe 6225'		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8"OD	1006'	525
7-7/8"	5-1/2"OD	6225'	1170
	2-3/8"OD	6047'	

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 10-26-78	Date of Test 10-29-78	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24hrs.	Tubing Pressure 185#	Casing Pressure Pkr	Choke Size 20/64"
Actual Prod. During Test 125	Oil-Bbls. 125	Water-Bbls. 0	Gas-MMCF 224

GAS WELL

Actual Prod. Test-MMCF/D	Length of Test	Ebls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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)

Accountant I

(Title)

11-3-78

(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC - 1 1978, 19

BY *W. J. Lussit*

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.