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LAND OFFICE		<u> </u>		
TRANSPORTER	OIL	/		
	GAS	1/2	<u> </u>	
OPERATOR		/_		
COOR ATION OFFICE				

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE /	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
	FILE /		AND			
-	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	•A3		
}	LAND OFFICE		0.5	DELVED		
1	TRANSPORTER GAS 1/1	RECEIVED				
ŀ	OPERATOR /		CI	ED 4 4 1070		
1.	RORATION OFFICE SEP 1 1 1979					
1	Operator ARCO Oil and Gas	Company				
ļ	Division of Atlantic Richfiel Address	d Company	491	U. C. C. FESIA, OFFICE		
İ	Box 1710, Hobbs, New	Mexico 88240 ✓		COIA, OFFICE		
	Reason(s) for filing (Check proper box)		Other (Please explain)			
- 1	New Well	Change in Transporter of:	r\			
	Recompletion	Oil Dry Gas	— 			
	Change in Ownership	Casinghead Gas Condens				
	If change of ownership give name					
	and address of previous owner					
11.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including Fo	Kind of Leas	e Lease No.		
	Lease Italia		111111111111111111111111111111111111111	olor Fee Federal		
	Empire Abo Unit "M"	123 Empire Abo	TEUCTAL			
	10	50 Feet From The North Line	e and 100 Feet From	The East		
	Unit Letter A ; LU	Feet From The TOZET				
	Line of Section 10 Town	nship 18S Range	27E , NMPM,	Eddy County		
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	ER OF OIL AND NATURAL GA	Address (Give address to which appro	ved copy of this form is to be sent)		
	1		2300 Continental Nat'1	Bk Bldg, Ft Worth, TX		
	Amoco Pipeline Co. Name of Authorized Transporter of Cast	nghead Gas 🔣 💮 or Dry Gas 🗔	Address (Give address to which appro Box 68, Hobbs, N.M.	wed copy of this form is to be sent)		
	Amoco Production Company Phillips Petroleum Co.	у	4001 Penbrook, Odessa,	Texas		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? What Yes	8/1/79		
	give location of tanks.	C 11 18 27	<u> </u>	0/1///		
	If this production is commingled with	h that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completion		X	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 6225	6170'		
	5/8/79	8/1/79 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.) 3533.2 GR	Abo Reef	6050'	6039 '		
	Perforations	ADO REEI		Depth Casing Shoe		
6050-6070'				6224'		
			CEMENTING RECORD	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	985 *	234		
	11" 7-7/8"	8-5/8" OD 55" OD	6224'	1150		
	7-7/8	2-3/8" OD	6039'			
v	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)					
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
	6/5/79	8/26/79	Pump			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	24 hrs	_	Pkr Water-Bbls.	Ggs-MCF		
	Actual Prod. During Test	Oil-Bble.	Water-ppis.	95		
	113 bb1s	110				
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
			Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Since-12)	0.020 5.20		
			OIL CONSERV	ATION COMMISSION		
V	I. CERTIFICATE OF COMPLIAN	CE		SEP 2 8 1979		
	المسم ممانية مناه مناه ينهدون بريار	regulations of the Oil Conservation	APPROVED	, 19		
				Na Gresset		
Commission have been complete with and that and the best of my knowledge and belief.				THE PROPERTY OF THE PROPERTY OF THE		
	In 1		This form is to be filed in	n compliance with RULE 1104.		
	Morle		11	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		
	(Sign	nature)	well, this form must be accompanied by the RULE 111. tests taken on the well in accordance with RULE 111.			

Dist. Drlg. Supt.

9/5/79

(Signature) (Title)

(Date)

All sections of this form must be filled out completely for allow able on new and recompleted wells.

Fill out only Sections I. II. III, and VI 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 multiple