

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator ARCO Oil and Gas Company  
Division of Atlantic Richfield Company

Address Box 1710, Hobbs, New Mexico 88240

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain) C.C.C.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>Empire Abo Unit "L"</u>	<u>171</u>	<u>Abo Reef</u>	State, Federal or Fee <u>Federal</u>	
Location				
Unit Letter <u>M</u>	<u>670</u>	Feet From The <u>South</u> Line and	<u>300</u>	Feet From The <u>West</u>
Line of Section <u>1</u>	Township <u>18S</u>	Range <u>27E</u>	<u>NMPM</u>	<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)					
<u>Amoco Pipeline Company</u>	<u>2300 Continental Nat'l Bk Bldg, Ft Worth, Tx</u>					
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)					
<u>Amoco Production Company</u>	<u>Box 68, Hobbs, N.M.</u>					
<u>Phillips Petroleum Company</u>	<u>4001 Penbrook, Odessa, Texas</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>F</u>	<u>1</u>	<u>18S</u>	<u>27E</u>	<u>Yes</u>	<u>6/25/79</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)	<input checked="" type="checkbox"/>	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	<u>5/22/79</u>	Date Compl. Ready to Prod.	<u>6/25/79</u>	Total Depth	<u>6300'</u>	P.B.T.D.											
Elevations (DF, RKB, RT, GR, etc.)	<u>3588.6' GR</u>	Name of Producing Formation	<u>Abo Reef</u>	Top Oil/Gas Pay	<u>6126'</u>	Tubing Depth											
Perforations	<u>6126-6136'</u>	Depth Casing Shoe		<u>6255'</u>													
TUBING, CASING, AND CEMENTING RECORD																	
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT										
<u>11"</u>	<u>8-5/8" OD</u>			<u>1000'</u>			<u>425'</u>										
<u>7-7/8"</u>	<u>5 1/2" OD</u>			<u>6255'</u>			<u>1520</u>										
	<u>2-3/8" OD</u>			<u>6090'</u>													

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	<u>6/21/79</u>	Date of Test	<u>7/3/79</u>	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	<u>24 hrs</u>	Tubing Pressure	<u>70#</u>	Casing Pressure	<u>Pkr</u>
Actual Prod. During Test	<u>222 bbls</u>	Oil-Bbls.	<u>222</u>	Water-Bbls.	<u>0</u>
				Choke Size	<u>48/64"</u>
				Gas-MCF	<u>194</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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]  
(Signature)

Dist. Drlg. Supt.  
(Title)

7/12/79  
(Date)

OIL CONSERVATION COMMISSION

JUL 3 1 1979

APPROVED [Signature] 19

BY [Signature]

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 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 multiply

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	1
PRODUCTION 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-111  
Effective 1-1-65

RECEIVED

I. OPERATOR		APR 1 1979	
Operator		ARCO Oil and Gas Company - Division of Atlantic Richfield Company	
Address		P. O. Box 1710, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	Change in Operator Name
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/>	effective: 4-1-79
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

Well Name	Well No.	Pool Name, including Formation	Kind of Lease
Empire Abo Unit "L"	171	Empire Abo	State, Federal or Fee Federal
Location	Unit Letter	Feet From The	Feet From The
	M	670 South Line and	300 West
Line of Section	1	Township	Range
	18S	27E	NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
None - Drilling Well		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
None		
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
Is gas actually connected?	When	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
No Change	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Pool	Perforations		Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
No Change	Tubing Pressure	Casing Pressure	Choke Size
Length of Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
Actual Prod. During Test			

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.

George V. Parks  
(Signature)

District Prod & Drilg Supt.  
(Title)

4-6-79

OIL CONSERVATION COMMISSION

APR 11 1979

APPROVED

BY

SUPERVISOR, DISTRICT II

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Fill out Sections I, II, III, and VI only for changes of owner.

30-05-22815

7-16-79

Dual Latelog

5296-6296

Comp Neutron

1000-6296

Temp Tool

6253-6253 (?)

Computer Process

4297-6264

Micro-Seismogram

6145-3950