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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

JUN 25 1979

O.C.C.

ARTESIA, OFFICE

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)	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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Empire Abo Unit "M"	133	EmpireAbo	State, Federal or Fee Fed	LC-067858
Location				
Unit Letter D	450	Feet From The North	Line and 1175	Feet From The West
Line of Section 11	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"/>	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, TX	
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 Company Phillips Petroleum Company	Box 68, Hobbs, N.M. 4001 Penbrook, Odessa, TX	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 11
	Twp. 18S	Rge. 27E
	Is gas actually connected?	When 6/16/79

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
5/23/79	6/16/79	6225'	6180'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3557' GR	Abo Reef	6044'	5943'					
Perforations			Depth Casing Shoe					
6044-6064'			6225'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" OD		1000'		365			
7-7/8"	5 1/2" OD		6225'		1183			
	2-3/8" OD		5943'					

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 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.)	
6/16/79	6/17/79	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	250#	Pkr	48/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
433 bbls	433	0	1023

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.

John J. Lane
(Signature)

Dist. Dir. Supt.
(Title)

6/20/79
(Date)

OIL CONSERVATION COMMISSION

JUN 29 1979

APPROVED _____, 19

BY W.A. Gussert
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 completed wells.