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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

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JUN 19 1979

Operator **ARCO Oil and Gas Company**
Division of Atlantic Richfield Company

D. C. C.
ARTESIA, OFFICE

Address
Box 1710, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

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If change of ownership give name
and address of previous owner

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

II. DESCRIPTION OF WELL AND LEASE

Lease Name Empire Abo Unit "M"	Well No. 153	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter B ; 200 Feet From The North Line and 1925 Feet From The East 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"/> Amoco Pipeline Co.	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) Box 68, Hobbs, N.M. 4001 Penbrook, Odessa, TX			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 11	Twp. 18	Rge. 27
Is gas actually connected?		When 6/6/79		

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'ty. <input type="checkbox"/>	Diff. Res'ty. <input type="checkbox"/>
Date Spudded 5/6/79	Date Compl. Ready to Prod. 6/6/79		Total Depth 6252'		P.B.T.D. 6202'			
Elevations (DF, RKB, RT, GR, etc.) 3593' GR	Name of Producing Formation Abo Reef		Top Oil/Gas Pay 6124'		Tubing Depth 6024'			
Perforations 6124-6142'					Depth Casing Shoe 6252'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" OD		995'		400 sx			
7-7/8"	5 1/2" OD		6252'		1700 sx			
	2-3/8" OD		6024'					

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 6/3/79	Date of Test 6/9/79	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 140#	Casing Pressure Pkr	Choke Size 48/64"
Actual Prod. During Test 430	Oil-Bbls. 429	Water-Bbls. 1	Gas-MCF 831

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.

SRK for L.D. Cane
(Signature)

Dist. Drlg. Supt.
(Title)

6/14/79
(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.