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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 18 1979

Operator ARCO Oil and Gas Company ✓ Division of Atlantic Richfield Company		O. C. C. ARTESIA, OFFICE	
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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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 Empire Abo Unit "L"	Well No. 122	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter P ; 100 Feet From The South Line and 430 Feet From The East Line of Section 3 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 Co	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	Box 68, Hobbs, N.M.			
Phillips Petroleum Co.	4001 Penbrook, Odessa, TX			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 11	Twp. 18S	Pge. 27E
	Is gas actually connected?		When 6/7/79	

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4/20/79	Date Compl. Ready to Prod. 6/9/79	Total Depth 6159'	P.B.T.D. 5983'					
Elevations (DF, RKB, RT, GR, etc.) 3521.4' GR	Name of Producing Formation Abo Reef	Top Oil/Gas Pay 5966'	Tubing Depth 5848'					
Perforations 5966-5976'	Depth Casing Shoe 6159'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11 7/8"	8-5/8" OD		1000'		400 sx			
7-7/8"	5 1/2" OD		6159'		1115 sx			
	2-3/8" OD		5848'					

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 6/7/79	Date of Test 6/10/79	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 75#	Casing Pressure Pkr	Choke Size 48/64"
Actual Prod. During Test 172	Oil-Bbls. 172	Water-Bbls. 0	Gas-MCF 205

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. LANE
(Signature)
Dist. Drlg. Supt.
(Title)
6/14/79
(Date)

OIL CONSERVATION COMMISSION
JUN 29 1979
APPROVED
BY **W.A. Gussert**
SUPERVISOR, DISTRICT II
TITLE

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.