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SANTA FE		1	
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u.s.g.s.			
LAND OFFICE			
	OIL	<u> </u>	
TRANSPORTER	GAS 1/1		
OPERATOR		1	
PRORATION OFFICE		l	<u> </u>

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

SANTA FE /		OR ALLOWABLE	Effective 1-1-65	
ILE /		AND SPORT OIL AND NATURAL G	AS	
.s.g.s.	AUTHURIZATION TO TRAIS	R CALL AND TO TO TO TO	ECEIVED	
AND OFFICE OIL /			0 MB - 4 4070	
GAS /// PERATOR /		SEP 2 1 1979		
RORATION OFFICE			O, C. C.	
ARCO Oil & Gas Com Division of Atlantic	Richfield Company		ARTESIA, OFFICE	
P.O. Box 1710, Hobbs,	New Mexico 88240	Other (Please explain)		
eason(s) for filing (Check proper box)		Ollier (1 sease express)		
ew We!I	Change in Transporter of: Oil Dry Gas			
ecompletion	Casinghead Gas Condense	nte 🔲		
change of ownership give name				
d address of previous owner				
ESCRIPTION OF WELL AND I	Well No. Pool Name, Including For	mation Kind of Leas		
ease Name Empire Abo Unit "K"	161 Empire Abo	State, Feder	olor Fee State OG-693	
ocation	Feet From The South Line	and 590 Feet From	The <u>Fast</u>	
Unit Letter I; 1310		NY TONE	Eddy County	
Line of Section 2 Tow	vnship 185 Range 27F			
ESIGNATION OF TRANSPORT	rer of OIL AND NATURAL GAS	S Address (Give address to which appr	oved copy of this form is to be sent)	
Name of Authorized Transporter of Off	Ch Common			
Amoco Pipeline Compa	ny Singhead Gas X or Dry Gas	Address (Give address to which appr	and cany of this form is to be sent)	
Nam And Cob Production Co.	Surdinger Care No.	P.O. Box 68, Hopps, Ne	Texas	
Phillips Petroleum C	Unit Sec. Twp. Rge.	Is gas actually connected?		
If well produces oil or liquids, give location of tanks.	F 2 18S 27E	yes	9-13-79	
f this production is commingled wi	th that from any other lease or pool,	give commingling order number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res	
Designate Type of Completion		X		
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Date Spudded	9-13-79	6225'	6182' Tubing Depth	
6-21-79 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		
	abo reef	61.07!	Depth Casing Snoe	
3558.7 GR Perforations	) Way Table		6225'	
6107-6117'		CEMENTING RECORD		
	TUBING, CASING, AND	D CEMENTING RECORD  DEPTH SET	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	1000'	400	
11"	8- 5/8" OD	6225'	<b>1</b> 745	
7- 7/8"	5-½" OD 2-3/8" OD	6050'		
			1	
TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	after recovery of total volume of load	oil and must be equal to or exceed top a	
OIL WELL		epth or be for full 24 hours) Producing Method (Flow, pump, ga	s lift, etc.)	
Date First New Oil Run To Tanks	Date of Test	Pump		
7-19-79	9-14-79 Tubing Pressure	Casing Pressure	Choke Size	
Length of Test	_	Pkr	-0-	
24 hrs.	_O   Oil - Bbls.	Water-Bbls.	Gas - MCF	
Actual Prod. During Test	134	7	82	
141			•	
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
		OIL CONSE	RVATION COMMISSION	
. CERTIFICATE OF COMPLIA	ANCE	OIL CONOL	SEP 3/8 1979 . 19	
		APPROVED	<u> </u>	
I hereby certify that the rules ar	nd regulations of the Oil Conservation d with and that the information given the heat of my knowledge and belief		Drisset	
Commission have been complied above is true and complete to	d with and that the information give the best of my knowledge and belief	. BY	OR DIGHTSON T	
		TITLE BUILDING	OR, DISTRICT II	
		This form is to be filed	i in compliance with RULE 1104.	
		If this is a request for	allowable for a newly drilled or dee	
If further	ignature)	well, this form must be acc	accordance with RULE 111.	
•	, eg ; sub tim V /	ll are serious of this for	m mast pe tilled ont combierers to:	
DistDrlgSupt	(Title)	able on new and recomplete	ou would	
9-20-79		Fill out only Sections	I. II. III, and VI for change of con-	
9=20-17	(Date)	well name or number, of the	must be filed for each pool in mu	
	(Dute)	Congrete Forms C+104	must be tried and	