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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

RECEIVED

Operator ARCO Oil & Gas Company Division of Atlantic Richfield Company		SEP 4 1980
Address P. O. Box 1710, Hobbs, New Mexico 88240		O. C. D.
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>		Other (Please explain) A, OFFICE
Change in Transporter of: Oil <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 "J"	Well No. 213	Pool Name, Including Formation Empire Abo Reef	Kind of Lease State, Federal or Fee State	Lease No. B-11594-3
Location Unit Letter E, 2050 Feet From The North Line and 100 Feet From The West Line of Section 6 Township 18S Range 28E, 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 Bld, Ft. Worth, Tx			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> AMOCO Production Co. Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 68, Hobbs, New Mexico 88240 400 Penbrook, Odessa, Texas			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 6	Twp. 18S	Rge. 28E
Is gas actually connected?		When 8/27/80		

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 3/10/80	Date Compl. Ready to Prod. 6/27/80		Total Depth 6225' TD 6242.5' DHTD		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3649.2' GR	Name of Producing Formation Abo Reef		Top Oil/Gas Pay 6115'		Tubing Depth 5993'			
Perforations 6115-6242' OH						Depth Casing Shoe 6115'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
23"	16" OD Conductor		30'		Redi-Mix to surf			
12 1/4"	9-5/8" OD		1000'		500 sx & 2 yds R-M			
8-3/4"	7" OD		6115'		1350 sx			
	2-3/8" OD		6004'					

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 6/2/80	Date of Test 8/28/80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 11 Bbls.	Oil-Bbls. 11	Water-Bbls. 0	Gas-MCF 1

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.

Jerome W. Schmidt
(Signature)
Dist. Drlg. Supt.
(Title)
9/2/80
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 4 - 1980
BY W. A. Gressett
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