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| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PERORATION OFFICE | | |

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

SEP 17 1975

| | | | |
|--|---|-------------------------------------|--|
| 1. Operator: Atlantic Richfield Company | | O. C. C. | |
| Address: P. O. Box 1710, Hobbs, New Mexico 88240 | | ARTESIA, OFFICE | |
| 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 Empire Abo Unit "G" | Well No. 311 | Pool Name, Including Formation Empire Abo | Kind of Lease State, Federal or Fee State | Lease No. 647 |
| Location Unit Letter J ; 1430 Feet From The East Line and 1350 Feet From The South Line of Section 33 Township 17S 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"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Amoco Pipeline Company | 2300 Continental Nat'l Bank Bldg, Ft Worth, Texas | | | | | |
| 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 367, Andrews, Texas 79714 | | | | | |
| Phillips Petroleum Company | Phillips Bldg, 4th & Washington, Odessa, Texas | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit J | Sec. 33 | Twp. 17 | Rge. 28 | is gas actually connected? Yes | When 9/1/75 |

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 7/21/75 | Date Compl. Ready to Prod. 9/1/75 | Total Depth 6360' | | P.B.T.D. 6165' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3665' | Name of Producing Formation Abo | Top Oil/Gas Pay 5900' | | Tubing Depth 6061' | | | | | |
| Perforations 6106-6118' 2 JSPF | | | | Depth Casing Shoe 6360' | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | | |
| 11" | 8-5/8" OD | | 1000' | | 390 | | | | |
| 7-7/8" | 5-1/2" OD | | 6360' | | 1350 | | | | |

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 9/1/75 | Date of Test 9/5/75 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 24 hrs | Tubing Pressure 130# | Casing Pressure Pkr | Choke Size 32/64" |
| Actual Prod. During Test 417 | Oil-Bbls. 410 | Water-Bbls. 7 | Gas-MCF 197 |

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.

[Signature]
(Signature)
Accountant I
(Title)
9/15/75
(Date)

OIL CONSERVATION COMMISSION
SEP 30 1975

APPROVED _____, 19____
BY *[Signature]*
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.