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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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OCT 18 1979

I. Operator **ARCO Oil and Gas Company** ☒
Division of Atlantic Richfield Company

Address **Box 1710, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Deepen, same zone
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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Empire Abo Unit "E"	341	Empire Abo	State, Federal or Fee State	
Location				
Unit Letter C ; 660 Feet From The North Line and 1560 Feet From The West				
Line of Section 34 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 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, New Mexico					
Phillips Petroleum Company	4001 Penbrook, Odessa, Texas					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	34	17	28	Yes	6/8/78

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X			X	X		X	
Date Started WO commenced	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
9/26/79	10/10/79		6230'		6205'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3675.7' GR	Abo Reef		6154'		6130'			
Perforations					Depth Casing Shoe			
6/54-64								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" OD		750,		500 sx + 3 yds R-M			
7-7/8"	5 1/2" OD		6102'		1355 sx			
	3 1/2" OD liner TOL 6038', BOL 6200'		6130'		60 sx			
	2-3/8" OD							

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10/10/79	10/11/79	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
15 hrs	210#	Pkr	22/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
6 bbls	6	0	841

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.



Dist. Drlg. Supt.

10/16/79

(Title)

(Date)

OIL CONSERVATION COMMISSION

OCT 23 1979

APPROVED _____, 19

BY **W. A. Gussitt**

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

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Form C-105
Revised 11-6-66

NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. State of Lease No.
E-7116

10. TYPE OF WELL	OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
11. TYPE OF COMPLETION	NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input checked="" type="checkbox"/> BACK <input type="checkbox"/> DIFF. RECD. <input type="checkbox"/> OTHER <input type="checkbox"/>
same zone	

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2. Name of Operator	ARCO Oil and Gas Company
3. Address of Operator	Box 1710, Hobbs, New Mexico 88240
4. Location of Well	

7. Unit Agreement Name
8. Name of Lease Name
Empire Abo Unit "E"

UNIT LETTER	C	LOCATED	660	FEET FROM THE	North	LINE AND	1560	FEET FROM	
THE	West	LINE OF SEC.	34	TWP.	17S	RGE.	28E		

9. Well No.
341
10. Field, Subfield, or Wildcat
Empire Abo

15. Date Started	16. Date T.D. Reached	17. Date Compl. (Ready to Prod.)	18. Elevations (DF, RKB, RT, GR, etc.)	19. Elev. Casinghead
deepening commenced 9/26/79	9/27/79	10/10/79	3675.7' GR	

20. Total Depth	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By	Rotary Tools	Cable Tools
6230'	6205'			0-6230'	

11. County
Eddy

24. Producing Interval(s), of this completion. - Top, Bottom, Name	25. Was Directional Survey Made
6154-6164' Abo Reef	No

26. Type Electric and Other Logs Run	27. Was Well Cored
DLL RXO, CNL-FDC w/caliper, GR, Sonic, CBL	No

28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8" OD	24# K-55	750'	11"	500 sx & 3 yds R-M	
5 1/2" OD	15.5# K-55	6102'	7-7/8"	1355 sx	

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
3 1/2" OD	6038'	6200'	60		2-3/8" OD	6130'	5975'

31. Perforation Record (Interval, size and number)	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
6154-64' = 2 JSPF (20 .44" holes)	

28. CASING RECORD (Report all strings set in well)

DEPTH INTERVAL		AMOUNT AND KIND MATERIAL USED	
6064-67'	200 bbls	injectrol G, 5 BFW spacer, 50 sx	
		Cl C cmc w/6/10 of 1%Halad-9	
6154-64'	150 gal	HCL-LSTNE-FE acid, 1500 gal gelled	
	10# CaCl wtr, 2000 gal gel LC, 1500 gal		

33. PRODUCTION	HCL-LSTNE-FE acid						
Date First Production	Production Method (Flowing, gas lift, pumping - Size and type pump)	Well Status (Prod. or Shut-in)					
10/10/79	Flwg	Prod					
Date of Test	Hours Tested	Choke Size	Prod'n. Per Test Period	Oil - BBL	Gas - MCF	Water - BBL	Gas - Oil Ratio
10/11/79	15	22/64"		6	841	0	140,160:1
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - BBL	Gas - MCF	Water - BBL	Oil Gravity - API (Corr.)	
210#	Pkr		10	1346	0	44°	

34. Disposition of Gas (Sold, used for fuel, vented, etc.)	Test Witnessed By
Sold	N. H. Truitt

35. List of Attachments
CBL, All other logs in Item 26 filed with original completion

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.
SIGNED <u>L. H. Lee</u> TITLE <u>Dist. Drlg Supt.</u> DATE <u>10/16/79</u>

10-19-79
10-19-79
10-19-79
10-19-79

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radioactivity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured to this. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1005.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

T. Anhy _____	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt _____	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates _____	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers _____	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen _____	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg _____	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres _____	T. Simpson _____	T. Gallup _____	T. Ignacio Qtzte _____
T. Glorieta _____	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinebry _____	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb _____	T. Granite _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Delaware Sand _____	T. Entrada _____	T. _____
T. Abo _____ 5938'	T. Bone Springs _____	T. Wingate _____	T. _____
T. Wolfcamp _____	T. _____	T. Chinle _____	T. _____
T. Penn. _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn. "A" _____	T. _____

OIL OR GAS SANDS OR ZONES

Oil or Gas Sands or Zones

No. 1, from.....6154'.....to.....6164'.....	No. 4, from.....to.....
No. 2, from.....to.....	No. 5, from.....to.....
No. 3, from.....to.....	No. 6, from.....to.....

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from.....	to.....	feet.....	None encountered
No. 2, from.....	to.....	feet.....	
No. 3, from.....	to.....	feet.....	
No. 4, from.....	to.....	feet.....	

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	750	750	Surface & Red Bed				
750	1000	250	Anhy & Gyp				
1000	1120	120	Red Bed & Anhydrite				
1120	5959	4839	Lime & Sand				
5959	6230	271	Lime				