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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED DEC 4 1975 6 pany ARTESIA, OFFICE O. Box 1710, Hobbs, New Mexico 88240 Other (Please explain) Reason(s) for filing (Check proper box) Change in location of tank battery. New Well Change in Transporter of: Dry Gas Effective: 11/01/75 Oil Recompletion Casinghead Gas 🔽 Condensate Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Lease No. Well No. Pool Name, Including Formation Kind of Lease State, Federal or Fee B-7244 State Empire Abo Unit "K" 13 Empire Abo Location : 1880 Feet From The South Line and 660 West Eddy , NMPM. 27E Township 18S Range Line of Section Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent) 2300 Cont.Nat'l Bk Bldg., Ft.Worth, Texas 76102

Address, Give address to which approved capy of this form is to be sent)
Phillips Bldg., 4th Washington, Odessa, TX 79760
P.O. Box 367, Andrews, Texas 79714

Is gas actually connected? When Amoco Pipeline Company Philips Ped Transporter of Casinghead Gas X Amoco Production Company or Dry Gas Rge. Twp. If well produces oil or liquids, give location of tanks. 18S | 27E 09/03/60 2 F If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back - Same Res'v. Diff. Res'v. Workover Oil Well Gas Well New Well Deepen Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc., Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Ggs - MCF Water - Bbls. Oil-Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbis. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE DEC 18 1975 APPROVED 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. SUPERVISOR, DISTRICT. II TITLE . This form is to be filed in compliance with RULE 1104.

D. L. Shackelder Accountant

(Title)

Nevember 26, 1975

(Date)

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.