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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	
PROMOTION 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

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JUN 1 1979

Operator	ARCO Oil & Gas Company Division of Atlantic Richfield Company
Address	Box 1710, Hobbs, New Mexico 88240 D. C. C. ARTESIA, OFFICE
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, including Formation	Lease No.
Empire Abo Unit "F"	343	Empire Abo	647-371
Location			
Unit Letter	F	2300 Feet From The North Line and 1675 Feet From The West	
Line of Section	34	Township 17S	Range 28E, NMPM, Eddy County

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 Phillips Petroleum Company	Box 68, Hobbs, N.M. 4001 Penbrook, Odessa, TX		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.
	F	34	17S 28E
			Is gas actually connected? When
			Yes 5/23/79

If this production is commingled with that from any other lease or pool, give commingling order number:

VI. 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						
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
4/18/79	5/23/79	6382'	6340'						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
3662.2' GR	Abo Reef	6222'	6115'						
Perforations	Depth Casing Shoe								
6222-6242'	6382'								
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
11"	8-5/8" OD	750'							
7-7/8"	5-1/2" OD	6382'							
	2-3/8" OD	6115'							


VII. 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.)	
5/23/79	5/27/79	Flwg	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	90#	Pkr	48/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
239	238	1	149

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			11
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VIII. 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)

Dist. Drlg. Supt.
(Title)

5/31/79
(Date)

OIL CONSERVATION COMMISSION
JUN 29 1979

APPROVED _____ 19_____
BY W. A. Gressett
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