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TRANSPORTER GAS	/	
OPERATOR	/	
PRORATION 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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MAY 10 1977

I.

Operator
Atlantic Richfield Company   O. C. C.
                             ARTESIA OFFICE

Address
Box 1710, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well [X]   Change in Transporter of:
Recompletion [ ]   Oil [ ]   Dry Gas [ ]
Change in Ownership [ ]   Casinghead Gas [ ]   Condensate [ ]

Other (Please explain)

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 "J"	222	Empire Abo	State, Federal or Fee State	B-11594-1

Location

Unit Letter F ; 1350 Feet From The North Line and 1572 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 [X] or Condensate [ ]
Amoco Pipeline Company

Address (Give address to which approved copy of this form is to be sent)
2300 Continental Nat'l Bk Bldg, FT Worth, TX

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]
Amoco Production Company
Phillips Petroleum Company

Address (Give address to which approved copy of this form is to be sent)
Drawer A, Levelland, TX
Phillips Bldg, 4th & Washington, Odessa, TX

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	6	18S	28E	Yes	4/27/77

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					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2/17/77	4/25/77	6303'	6210'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3656.7' GL	Abo Reef	6036'	5974'

Perforations	Depth Casing Shoe
6036-6052'	6293'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8" OD	555'	275 sx & 6 yds Redi-mix
7-7/8"	5-1/2" OD	6293'	1540 sx
	2-3/8" OD	5974'	

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
4/25/77	5/3/77	Flow	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	395#	Pkr	16/64"

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
192 bbls	192	0	314

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.

D. L. Shackelford
(Signature)

Accountant I
(Title)

5/9/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____ , 19 ____

BY _W. A. Gresset_

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