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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

DEC 24 1974

Operator Atlantic Richfield Company	
Address P. O. Box 1710, Hobbs, New Mexico 88240	
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 "F"	Well No. 331	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee	Lease No. 647
Location Unit Letter E ; 2576 Feet From The North Line and 1250 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 Bank Bldg, Ft Worth, Texas 76102					
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	P.O. Box 367, Andrews, Texas 79714					
Phillips Petroleum Company	Phillips Bldg, 4th & Washington, Odessa, Texas 79761					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 34	Twp. 17S	Rge. 28E	Is gas actually connected? Yes	When 12/12/74

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11/22/74	Date Compl. Ready to Prod. 12/22/74		Total Depth 6300'		P.B.T.D. -			
Elevations (DF, RKB, RT, GR, etc.) 3644.2' GR	Name of Producing Formation Abo		Top Oil/Gas Pay 6278'		Tubing Depth 6175'			
Perforations 6278-84', 6288-92', 6295-98'					Depth Casing Shoe 6300'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" OD		1005'		425			
7-7/8"	5-1/2" OD		6300'		1106			
	2-3/8" OD		6175'					

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 12/22/74	Date of Test 12/22/74	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 13 hrs	Tubing Pressure 180#	Casing Pressure Pkr	Choke Size 44/64"
Actual Prod. During Test 512	Oil-Bbls. 511	Water-Bbls. 1	Gas-MCF 208

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. Supv.

(Title)

12/23/74

(Date)

OIL CONSERVATION COMMISSION

JAN 1 1975

APPROVED

BY

TITLE OIL AND GAS INSPECTOR

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.