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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

RECEIVED

OCT 7 1975

Operator Atlantic Richfield Company		O.C.C. ARTESIA, OFFICE	
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. 351	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee State	Lease No. E-7116
Location Unit Letter <u>G</u> ; <u>2250</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>34</u> Township <u>17S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> 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"/> Amoco Pipeline Company	Address (Give address to which approved copy of this form is to be sent) 2300 Continental Nat'l Bank Bldg, Ft Worth, Tx			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Amoco Production Company Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Box 367, Andrews, Texas 79714 Phillips Bldg, 4th & Washington, Odessa, Texas			
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 26	Twp. 17S	Rge. 28E
Is gas actually connected?		When 9/24/75		

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 8/18/75	Date Compl. Ready to Prod. 9/24/75		Total Depth 6315'		P.B.T.D. 6278'			
Elevations (DF, RKB, RT, GR, etc.) 3661.3' GR	Name of Producing Formation Abo Reef		Top Oil/Gas Pay 6215'		Tubing Depth 6148'			
Perforations 6215, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 6235'					Depth Casing Shoe 6315'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" OD		1012'		375 sx.			
7-7/8"	5 1/2" OD		6315'		961 sx.			

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)

Date First New Oil Run To Tanks 9/24/75	Date of Test 9/24/75	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 23 hrs	Tubing Pressure 165#	Casing Pressure Pkr	Choke Size 36/64"
Actual Prod. During Test 905	Oil-Bbls. 905	Water-Bbls. 0	Gas-MCF 392

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

A. L. Shackelford
(Signature)

Accountant I

(Title)

10/1/75

(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 31 1975, 19____
BY N. A. Gressett
SUPERVISOR, DISTRICT II
TITLE _____

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.