

NO. OF COPIES RECEIVED		✓
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	✓
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED

AUG 6 1975

Operator Atlantic Richfield Company	
Address P. O. Box 1710, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box) 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 "H"	Well No. 261	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee	Lease No. 647
Location Unit Letter N, 1400 Feet From The West Line and 150 Feet From The South Line of Section 32 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"/> AMOCO Pipeline Company	Address (Give address to which approved copy of this form is to be sent) 2300 Continental National Bank Building Ft. Worth, Texas 76102					
Name of Authorized Transporter of Casinghead Gas <input 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 Tx 79760					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 32	Twp. 17	Rge. 28	Is gas actually connected? Yes	When 7/25/75

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6/24/75	Date Compl. Ready to Prod. 7/25/75	Total Depth 6220'	P.B.T.D. 6170'					
Elevations (DF, RKB, RT, GR, etc.) 3668.6' GR	Name of Producing Formation Abo	Top Oil/Gas Pay 6154'	Tubing Depth 6060'					
Perforations 6154, 55, 56, 57, 58, 59, 60, 61, 62, 63, 6164'	Depth Casing Shoe 6220'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" OD		1000'		400 sx plus 8 yds Redimix			
7-7/8"	5-1/2" OD		6220'		1133 sx			
	2-3/8" OD		6060'					

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 7/25/75	Date of Test 7/30/75	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 100#	Casing Pressure Pkr	Choke Size 36/64"
Actual Prod. During Test 271 bbls	Oil-Bbls. 271	Water-Bbls. 0	Gas-MCF 188

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.

D. L. Shackelford
(Signature)

Accountant I

8/1/75

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 26 1975
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 completed wells.