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TRANSPORTER	OIL	
	GAS	
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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

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JUN 27 1975

Operator Atlantic Richfield Company		D. 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 "H"	Well No. 271	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee State	Lease No. B-11538-1
Location Unit Letter O, 1450 Feet From The East Line and 330 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 Bank Bldg, Ft Worth, Texas 76102	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company Amoco Production Company	Address (Give address to which approved copy of this form is to be sent) Phillips Bldg, 4th & Washington, Odessa, Tx 79760 P. O. Box 367, Andrews, Texas 79714	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 32
	Twp. 17S	Rge. 28E
	Is gas actually connected? Yes	When 6/17/75

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

V. 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't. <input type="checkbox"/>	Diff. Res't. <input type="checkbox"/>
Date Spudded 5/31/75	Date Compl. Ready to Prod. 6/17/75		Total Depth 6255'		P.B.T.D. 6221'			
Elevations (DF, RKB, RT, GR, etc.) 3661.8' GR	Name of Producing Formation Abo Reef		Top Oil/Gas Pay 6025'		Tubing Depth 5862'			
Perforations 6025, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50'					Depth Casing Shoe 6255'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/2"	8-5/8" OD	1007'	550 sx.
7-7/8"	5-1/2" OD	6255'	900 sx.
	2-3/8" OD	5862'	

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 6/21/75	Date of Test 6/22/75	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 17 1/2 hrs	Tubing Pressure 100#	Casing Pressure Pkr	Choke Size 48/64"
Actual Prod. During Test 317	Oil-Bbls. 315	Water-Bbls. 2	Gas-MCF 139

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.

P. L. Shackelford
(Signature)
Accountant I
(Title)
6/25/75
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 30 1975, 19_____
BY W. A. L. L. L.
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.