

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
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED

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

MAY 27 1976

S.C.C.
ARTESIA, OFFICE

I. 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 Change in Transporter of:

Recompletion Oil Dry Gas

Change In Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Empire Abo Unit "G"	Well No. 321	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee State	Lease No. 647
Location Unit Letter I ; 1520 Feet From The South Line and 250 Feet From The East				
Line of Section 33 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 Bk Bldg, Ft Worth, Tx 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	Drawer A, Levelland, TX 79336			
Phillips Petroleum Company	Phillips Bldg, 4th & Washington, Odessa Tx 79760			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 33	Twp. 17	Rge. 28
	Is gas actually connected? Yes		When 5/21/76	

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 Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 4/23/76	Date Compl. Ready to Prod. 5/21/76		Total Depth 6401'		P.B.T.D. 6353'			
Elevations (DF, RKB, RT, GR, etc.) 3663.8' GR	Name of Producing Formation Abo Reef		Top Oil/Gas Pay 6183'		Tubing Depth 6088'			
Perforations 6183-6218' w/2 JSPF.					Depth Casing Shoe 6401'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" OD		550'		200			
7-7/8"	5-1/2" OD		6401'		1400			

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 5/13/76	Date of Test 5/22/76	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 120#	Casing Pressure Pkr	Choke Size 48/64"
Actual Prod. During Test 535	Oil - Bbls. 533	Water - Bbls. 2	Gas - MCF 334

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.

W. L. Shackelford
(Signature)

Accountant I _____
(Title)

5/26/76
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 30 1976, 19 _____

BY *W. A. Grasset*
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.

Separate Forms C-104 must be filed for each pool in multiply _____