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DISTRIBUTION SANTA FE		ONSERVATION COMMISSI	ION	Form C-104 Supersedes Old C-104 and C-11
FILE	REQUEST	FOR ALLOWABLE		Effective 1-1-65
u.s.g.s.	AUTHORIZATION TO TRA	AND	TUDAL CAS	
LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
OIL			RECE	EIVED
TRANSPORTER GAS				
OPERATOR /	•		JUL 9	1976
PRORATION OFFICE				107 0
Operator	oanv O. C. C.			
Atlantic Richfield Comp	any ARTESIA, OFFICE			
P. O. Box 1710, Hobbs,	New Mexico 88240			
Reason(s) for filing (Check proper box)	New Mentage Committee	Other (Please ex	plain)	
New Well X	Change in Transporter of:			
Recompletion	Oil Dry Go	ıs 🔲		
Change in Ownership	Casinghead Gas Conder	nsate		
If change of ownership give name and address of previous owner				
and address of previous owner				
. DESCRIPTION OF WELL AND I	EASE	1.00	-4 -4 1	Lease No.
Lease Name	Well No. Pool Name, Including F		nd of Lease ate, Federal or Fe	
Empire Abo Unit "G"	341 Empire Abo	30	ate, i edetat c. i o	State B-2071
Location	9	05.01		West
Unit Letter K; 1850	Feet From The South Lir	ne and 2591	Feet From The	nest
Line of Section 34 Tow	nship $17S$ Range	28E , NMPM,	Eddy	County
Line of Section 34 Tow	nomp 170g			
. DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	AS		
Name of Authorized Transporter of Oil	X or Condensate	Address (Give address to u		y of this form is to be sent)
AMOCO Pipeline Company		2300 Continental	Nat'l Bk,	Ft Worth, Texas
Name of Authorized Transporter of Cas	inghead Gas X or Dry Gas	Address (Give address to u Drawer A, Levell	which approved cop land Texas	ry of this form is to be sent) 79336
AMOCO Production Compar Phillips Petroleum Com	pany	Phillips Bldg, 4	th & Washii	ngton, Odessa, Tx 79
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	i.	/#.c
give location of tanks.	F 34 17 28	Yes	7/5/	76
If this production is commingled with	h that from any other lease or pool,	give commingling order no	ımber:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug	Back Same Res'v. Diff. Res'v
Designate Type of Completio		X	1	i
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.	T.D.
6/3/76	7/1/76	6400'	6:	366 '
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		ng Depth
3661.2' GR	Abo Reef	6168'	6:	113'
Perforations			Dept	h Casing Shoe
6168-6196' 2 JSPF			64	400'
	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT
11"	8-5/8" OD	600'		380 sx
7-7/8"	5-1/2" OD	6400'		2675 sx
	2-3/8" OD	6113'		
		<u> </u>		
V. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	after recovery of total volume lepth or be for full 24 hours)	of load oil and mu	set be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, p	oump, gas lift, etc.)
•	7/4/76	Flow	• •	
7/1/76 Length of Test	Tubing Pressure	Casing Pressure	Cho	ke Size
24 hrs	120#	Pkr	48.	/64"
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		-MCF
798 bbls	798	0		418
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gran	vity of Condensate
İ		1	1	

Accountant I (Title)

(Date)

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.

Testing Method (pitot, back pr.)

7/7/76

VI. CERTIFICATE OF COMPLIANCE

Tubing Pressure (Shut-in)

TITLE . SUPERVISOR, DISTRICT 15

Casing Pressure (Shut-in)

APPROVED

This form is to be filed in compliance with RULE 1104.

OIL CONSERVATION COMMISSION

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.

Choke Size

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