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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
Effective 1-1-65

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JAN 11 1977

Operator Atlantic Richfield Company	
Address 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 checked="" 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"/>
Other (Please explain)	

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. 301	Pool Name, including Formation Empire Abo	Kind of Lease State, Federal or Fee State	Lease No. 647-349 647-351
Location				
Unit Letter K	1315	Feet From The South	Line and 1315	Feet From The West
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 Nat'l Bank Bldg, Ft. Worth, TX					
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 Phillips Petroleum Company	Drawer A, Levelland, TX 79336 Phillips Bldg, 4th & Washington, Odessa, TX 79760					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 33	Twp. 17S	Rge. 28E	Is gas actually connected? Yes	When 12/29/76

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 checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date started commenced <u>Spud</u> 12-27-76 9-16-76	Date Compl. Ready to Prod. 12/29/76	Total Depth 10,498'	P.B.T.D. 6280					
Elevations (DF, RKB, RT, GR, etc.) 3668.5' GR	Name of Producing Formation Abo Reef	Top Oil/Gas Pay 6250'	Tubing Depth 6195'					
Perforations 6250-6270' (2 JSPF - 40 holes)	Depth Casing Shoe 6705							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13-3/4"	10-3/4"	700'	398					
9-1/2"	7-5/8"	6705'	1280					
	2-3/8" OD	6195'						

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 12/29/76	Date of Test 1/4/77	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 100#	Casing Pressure Pkr	Choke Size 47/64"
Actual Prod. During Test 273	Oil - Bbls. 273	Water - Bbls. 0	Gas - MCF 292

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.

Accountant I

1/7/77

(Date)

OIL CONSERVATION COMMISSION

JAN 31 1977

APPROVED _____, 19

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 well, this form must be accompanied by a tabulation of the down tests taken on the well in accordance with RULE 1111.

All sections of this form must be filled out completely for use on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multistage wells.