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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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MAR 17 1977

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"/>

O. C. C.
ARTEBIA, OFFICE

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Empire Abo Unit "F"	Lease No.	Well No. 361	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee State
Location				
Unit Letter H	1765	Feet From The North	Line and 1270	Feet From The East
Line of Section 34	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 Nat'l Bk Bldg, Ft Worth, TX 76102
Name of Authorized Transporter of Casinghead Gas <input checked="" 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) Drawer A, Levelland, Texas 79336 Phillips Bldg, 4th & Washington, Odessa, TX 79760
If well produces oil or liquids, give location of tanks.	Unit: F Sec. 34 Twp. 17S Rge. 28E
Is gas actually connected?	When Yes 3/2/77

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'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 1/30/77	Date Compl. Ready to Prod. 3/2/77	Total Depth 6350'	P.B.T.D. 6302'
Elevations (DF, RKB, RT, GR, etc.) 3668.2' GR	Name of Producing Formation Abo Reef	Top Oil/Gas Pay 6233'	Tubing Depth 6193'
Perforations 6233-45'			Depth Casing Shoe 6350'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8" OD	756'	275
7-7/8"	5-1/2" OD	6350	2193
	2-3/8" OD	6193'	

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 3/2/77	Date of Test 3/5/77	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 22 hrs	Tubing Pressure 130#	Casing Pressure Pkr	Choke Size 48/64"
Actual Prod. During Test 690 bbls	Oil - Bbls. 690	Water - Bbls. 0	Gas - MCF 317

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

Al. L. Shackelford
(Signature)
Accountant I
(Title)
3/15/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 31 1977, 19
BY W. A. Gessert
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