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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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SEP 27 1977

I. 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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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	Well No.	Pool Name, Including Formation	Kind of Lease
Empire Abo Unit "H"	272	Empire Abo	State, Federal or Fee State
Location			
Unit Letter	0	2481 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"/>	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 Phillips Bldg, 4th & Washington, Odessa, TX
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
0 32 17 28	Yes 7/19/77

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X			X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
2/8/77	7/20/77	6370'	6261'					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Abo	Abo Reef	6139'	6118'					
Perforations	Depth Casing Shoe							
6164-6166', 6139-6144, 6150-6154, 6162-6166'	6370'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11"	8-5/8" OD	600'	245					
7-7/8"	5-1/2" OD	6370'	1500					
	2-3/8" OD	6118'						

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7/18/77	7/20/77	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	265#	Pkr	24/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
355 bbls	355	0	370

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.

A. L. Shackelford
(Signature)
Accountant I
(Title)
7/26/77
(Date)

OIL CONSERVATION COMMISSION
APPROVED SEP 1 1977
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 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 Sections I, II, III, and VI only 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 tested wells.