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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

APR 29 1977

Operator Atlantic Richfield Company		D. C. C. ARTESIA, OFFICE	
Address P. O. Box 1710, Hobbs, New Mexico 88240			
Reason(s) for filing (Check proper box)		Other (Please explain)	
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"/>		

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Empire Abo Unit "H"	Well No. 293	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee State	Lease No. 647-349 647-351
Location Unit Letter M ; 1249 Feet From The South Line and 50 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"/> Amoco Pipeline Company	Address (Give address to which approved copy of this form is to be sent) 2300 Continental Bk Bldg, Ft Worth, TX					
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, TX Phillips Bldg, 4th & Washington, Odessa, TX					
If well produces oil or liquids, give location of tanks.	Unit O	Sec. 32	Twp. 17S	Rge. 28E	Is gas actually connected? Yes	When 4/23/77

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3/16/77	Date Compl. Ready to Prod. 4/12/77		Total Depth 6379'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3671.4' GL	Name of Producing Formation Abo Reef		Top Oil/Gas Pay 6132'		Tubing Depth 6058'			
Perforations 6132-6142'					Depth Casing Shoe 6378'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8" OD	550'	342
7-7/8"	5-1/2" OD	6378'	1241
	2-3/8" OD	6058'	

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 4/12/77	Date of Test 4/23/77	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 140#	Casing Pressure Pkr	Choke Size 48/64"
Actual Prod. During Test 742 bbls	Oil-Bbls. 737	Water-Bbls. 5	Gas-MCF 383

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.

D. L. Shackelford  
(Signature)  
Accountant I  
(Title)  
4/28/77  
(Date)

OIL CONSERVATION COMMISSION JUN 1 1977	
APPROVED	19
BY	<u>W. A. Gressett</u>
TITLE	SUPERVISOR, DISTRICT X
This form is to be filed in compliance with RULE 1134. 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 completed wells.	