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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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Operator Atlantic Richfield Company		AUG 19 1977	
Address P. O. Box 1710, Hobbs, New Mexico 88240		G. C. C. ARTESIA, OFFICE	
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 "E"	Well No. 372	Pool Name, including Formation Empire Abo	Kind of Lease State, Federal or Fee State
Location Unit Letter <u>D</u> ; <u>100</u> Feet From The <u>North</u> Line and <u>1291.14</u> Feet From The <u>West</u> Line of Section <u>35</u> , Township <u>17S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> 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 Bank 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 P	Sec. 26	Twp. 17S
		Rge. 28E	Is gas actually connected? Yes
			When 8/4/77

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7/13/77	Date Compl. Ready to Prod. 8/4/77	Total Depth 6383'	P.B.T.D.					
Pool Empire	Name of Producing Formation Abo Reef	Top Oil/Gas Pay 6252'	Tubing Depth 6195'					
Perforations 6252-70'	Depth Casing Shoe 6383'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" OD		750		400 sx plus 9 yds Redimix			
7-7/8"	5-1/2" OD		6383'		1177 sx			
	2-3/8" OD		6195'					

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 8/4/77	Date of Test 8/6/77	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 80#	Casing Pressure Pkr	Choke Size 48/64"
Actual Prod. During Test 570 bbls	Oil-Bbls. 570	Water-Bbls. 0	Gas-MCF 458

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)

8/9/77

(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