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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		SEP 2 1977
Address P. O. Box 1710, Hobbs, New Mexico 88240		C. C. C.
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"/>
Change in Ownership	<input type="checkbox"/>	Dry Gas <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 "F"	Well No. 341	Pool Name, Including Formation Empire Abo Reef	Kind of Lease State, Federal or Fee	State
Location				
Unit Letter F ; 1326 Feet From The North Line and 2593 Feet From The West				
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"/>	Address (Give address to which approved copy of this form is to be sent)			
Amoco Pipeline Company	2300 Continental Nat'l Bk 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	Drawer A, Levelland, Texas			
Phillips Petroleum Company	Phillips Bldg, 4th & Washington, Odessa, Texas			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 34	Twp. 17S	Rge. 28E
			Is gas actually connected?	When
			Yes	8/24/77

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 7/22/77	Date Compl. Ready to Prod. 8/22/77	Total Depth 6352'	P.B.T.D. 6311'					
Pool Empire	Name of Producing Formation Abo Reef	Top Oil/Gas Pay 6190'	Tubing Depth 6106'					
Perforations 6190-6210'	Depth Casing Shoe 6352'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" OD		750		295			
7-7/8"	5-1/2" OD		6352'		1900			
	2-3/8" OD		6106'					

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 8/22/77	Date of Test 8/24/77	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 120#	Casing Pressure Pkr	Choke Size 48/64"
Actual Prod. During Test 640	Oil-Bbls. 640	Water-Bbls. 0	Gas-MCF 348

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  
8/26/77  
(Title)  
(Date)

OIL CONSERVATION COMMISSION

SEP 30 1977  
APPROVED  
BY N. A. Gressett, 19  
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.