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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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APR 12 1978

Operator Atlantic Richfield Company ✓		O. 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 "G"	Well No. 332	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee B-2071
Location			
Unit Letter L	1575	Feet From The South	Line and 660
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 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	Drawer A, Levelland, TX	
Phillips Petroleum Company	Phillips Bldg, 4th & Washington, Odessa, TX	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 34
	Twp. 17S	Rge. 28E
	Is gas actually connected? Yes	When 4/5/78

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 <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 3/12/78	Date Compl. Ready to Prod. 4/5/78		Total Depth 6216'		P.B.T.D. 6200'			
Pool Empire Abo	Name of Producing Formation Abo Reef		Top Oil/Gas Pay 6170'		Tubing Depth 6089'			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8" OD	750'	455 SX
7-7/8"	5-1/2" OD	6216'	1225 SX
	2-3/8" OD	6089'	

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 4/5/78	Date of Test 4/6/78	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 544	Oil - Bbls. 543	Water - Bbls. 1	Gas - MCF 327

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.

D. S. Mackallard
(Signature)

Accountant

(Title)

4/10/78

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 1 1978
BY *N. 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.