

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		/
FILE		/
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	//
OPERATOR		/
PRORATION OFFICE		

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

RECEIVED

NOV 22 1978

I. Operator **Atlantic Richfield Company** ✓

Address **P. O. Box 1710, Hobbs, New Mexico**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
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"/>	

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. 352	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee	State
Location				
Unit Letter G ; 1330 Feet From The North Line and 1980 Feet From The East				
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 Co.	2300 Continental Nat'l Bk. Bldg. Ft Worth, Tex.					
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 Co. Phillips Petroleum Co.	P. O. Drawer A, Levelland, Texas Phillips Bldg., 4th & Washington, Odessa, Tex.					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 34	Twp. 17S	Rge. 28E	Is gas actually connected? Yes	When 11-6-78

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 Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 10-15-78	Date Compl. Ready to Prod. 11-6-78		Total Depth 6283'		P.B.T.D. 6237'			
Pool Empire Abo	Name of Producing Formation Abo Reef		Top Oil/Gas Pay 6202'		Tubing Depth 6070'			
Perforations 6202-6222' (2JSPF)					Depth Casing Shoe 6283'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"OD		753'		550sx plus 6yds R-M			
7-7/8"	5-1/2"OD		6283'		1435sx			
	2-3/8"OD		6070'					

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 11-6-78	Date of Test 11-8-78	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 100#	Casing Pressure Pkr	Choke Size 48/64"
Actual Prod. During Test 583 bbls.	Oil - Bbls. 583	Water - Bbls. 0	Gas - MCF 228

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. L. Shackelford
(Signature)

Accountant I

(Title)

11-16-78

(Date)

OIL CONSERVATION COMMISSION

DEC - 1 1978

APPROVED _____, 19

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.