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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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OCT 30 1978

B. C. C.
ARTESIA, OFFICE

Operator Atlantic Richfield Company	
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 "F"	Well No. 353	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee State
Location Unit Letter G ; 2400 Feet From The North Line and 2350 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"/> AMOCO Pipeline Company	Address (Give address to which approved copy of this form is to be sent) 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"/> AMOCO Production Company Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer A, Levelland TX Phillips Bldg., 4th & Washington, Odessa, TX					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 34	Twp. 17	Rge. 28	Is gas actually connected? Yes	When 10/22/78

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 09/29/78	Date Compl. Ready to Prod. 10/22/78		Total Depth 6371'		P.B.T.D. 6321'			
Pool Empire Abo	Name of Producing Formation Abo Reef		Top Oil/Gas Pay 6244'		Tubing Depth 6095'			
Perforations 6244-6258'					Depth Casing Shoe 6371'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" OD		753'		400			
7-7/8"	5-1/2" OD		6371'		1225			
	2-3/8" OD		6095'					

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 10/22/78	Date of Test 10/24/78	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 80#	Casing Pressure Pkr	Choke Size 30/64"
Actual Prod. During Test 267	Oil-Bbls. 261	Water-Bbls. 6	Gas-MCF 140

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)
October 26, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC - 1 1978**, 19
BY **W. A. Gressitt**
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.

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4