

DISTRIBUTION	
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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
RECEIVED

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

FEB 5 1979

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 "E"	Well No. 383	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee State
Location Unit Letter C ; 1190 Feet From The North Line and 1910 Feet From The West Line of Section 35 , 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 Co	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 Petr Co.	Address (Give address to which approved copy of this form is to be sent) Drawer A, Levelland, TX 4001 Penbrook, Odessa, TX					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 26	Twp. 17	Rge. 28	Is gas actually connected? Yes	When 1/23/79

If this production is commingled with that from any other lease or pool, give commingling order number:

V. 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 Rest'v.	Diff. Rest'v.
Date Spudded 12/31/78	Date Compl. Ready to Prod. 1/23/79	Total Depth 6320'	P.B.T.D. 6259'					
Pool Empire Abo	Name of Producing Formation Abo Reef	Top Oil/Gas Pay 6206'	Tubing Depth 6111'					
Perforations 6206-6216'	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8" OD	750'	197 + 5 yds Redi-mix
7-7/8"	5-1/2" OD	6320'	1225
	2-3/8" OD	6111'	

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 1/23/79	Date of Test 1/26/79	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 90#	Casing Pressure Pkr	Choke Size 48/64"
Actual Prod. During Test 485 bbls	Oil-Bbls. 485	Water-Bbls. 0	Gas-MCF 262

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

I. 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.



(Signature)

Dist. Drlg. Supt.

(Title)

2/1/79

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 1 1979

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