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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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MAY 23 1979

Operator	ARCO Oil and Gas Company Division of Atlantic Richfield Company	O. C. C. ARTESIA, OFFICE
Address 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"/>
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	Well No.	Pool Name, including Formation	Kind of Lease
Empire Abo Unit "E"	393	Empire Abo	State, Federal or Fee State
Location			
Unit Letter	B	1100 Feet From The North Line and 2250 Feet From The East	
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"/>	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	Box 68, Hobbs, N.M. 88240	
Phillips Petroleum Company	4001 Penbrook, Odessa, TX	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	P	26
		17
		28
		Yes
		4/24/79

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
3/21/79	4/24/79		6300'		6260'			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Empire Abo	Abo Reef		6160'		6059'			
Perforations					Depth Casing Shoe			
6160-6170'					6300'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" OD		800'		350'			
7-7/8"	5-1/2" OD		6300'		1455			
	2-3/8" OD		6059'					

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)

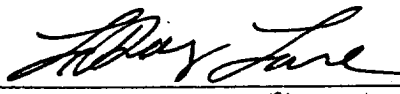
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
4/24/79	5/14/79	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	3000# HP	Pkr	-
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
203 bbls	202	1	154

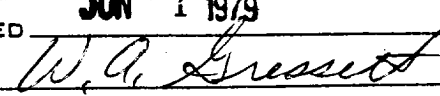
GAS WELL

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.


(Signature)
Dist. Drlg. Supt.
(Title)
5/21/79
(Date)

OIL CONSERVATION COMMISSION
APPROVED JUN 1 1979
BY 
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 completed wells.