

NO. OF COPIES RECEIVED		6
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
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

MAY 24 1979

Operator AKCO 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"/> 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. 291	Pool Name, including Formation EmpireAbo	Kind of Lease State, Federal or Fee State
Location Unit Letter L ; 2000 Feet From The South Line and 1200 Feet From The West Line of Section 33 , 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) Box 68, Hobbs, N.M. 88240 4001 Penbrook, Odessa, TX		
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 32	Twp. 17S Rge. 28E
Is gas actually connected?		When 5/17/79	

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 Res'v.	Diff. Res'v.
Date Spudded 4/21/79	Date Compl. Ready to Prod. 5/17/79	Total Depth 6250'	P.B.T.D. -		
Pool EmpireAbo	Name of Producing Formation Abo Reef	Top Oil/Gas Pay 6173'	Tubing Depth 6156'		
Perforations 6173-6193'			Depth Casing Shoe 6250'		
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
11"	8-5/8" OD	768'	744		
7-7/8"	5-1/2" OD	6250'	1452		
	2-3/8" OD	6156'			

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)

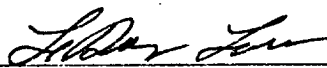
Date First New Oil Run To Tanks 5/17/79	Date of Test 5/20/79	Producing Method (Flow, pump, gas lift, etc.) Flwg	
Length of Test 24 hrs	Tubing Pressure 60#	Casing Pressure Pkr	Choke Size 48/64"
Actual Prod. During Test 130	Oil-Bbls. 130	Water-Bbls. 0	Gas-MCF 108

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)
5/23/79
(Date)

OIL CONSERVATION COMMISSION

JUN 1 1979

APPROVED _____ 19_____
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.