

SANTA FE	6
FILE	1
U.S.G.S.	1
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	1
PRORATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED

APR 21 1976

Operator Atlantic Richfield Company ✓		O. C. C.	
Address P. O. Box 1710, Hobbs, NM 88240		ARTESIA, OFFICE	
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 "I"	Well No. 271	Pool Name, including Formation Empire Abo	Kind of Lease State, Federal or Fee	Lease No. B-3823-1
Location Unit Letter B ; 1700 Feet From The East Line and 670 Feet From The North				
Line of Section 5 Township 18S 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 Nat'l. Bk Bldg., Ft. Worth, TX 77000					
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 Phillips Petroleum Company	Box 367, Andrews, TX 79714 Phillips Bldg., 47th & Washington, Odessa, TX 79760					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 32	Twp. 17S	Rge. 28E	Is gas actually connected? Yes	When 4/14/76

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'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 3/17/76	Date Compl. Ready to Prod. 4/12/76		Total Depth 6350'		P.B.T.D. 6287'			
Elevations (DF, RKB, RT, GR, etc.) 3654.0' GR	Name of Producing Formation Abo Reef		Top Oil/Gas Pay 6174'		Tubing Depth 6105'			
Perforations 6174, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84'					Depth Casing Shoe 6350'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8" OD		535'		200 sx plus 3 1/2 yds Redim.			
7 7/8"	5 1/2" OD		6350'		1080 sx			
	2 3/8" OD		6105'					

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 4/12/76	Date of Test 4/14/76	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 80#	Casing Pressure Pkr	Choke Size 48/64"
Actual Prod. During Test 307 BO	Oil-Bbls. 307	Water-Bbls. 0	Gas-MCF 244

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.

R. L. Shackelford
(Signature)
Accountant I
4/19/76
(Date)

OIL CONSERVATION COMMISSION

APR 30 1976

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 only Sections I, II, III, and VI 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.