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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

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JUL 29 1977

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U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

Operator Atlantic Richfield Company	
Address P. O. Box 1710, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Empire Abo Unit "K"	Well No. 183	Pool Name, Including Formation Empire Abo Reef	Kind of Lease State, Federal or Fee Federal
Location			
Unit Letter K, 2370 Feet From The South Line and 1510 Feet From The West			
Line of Section 1, Township 18S, Range 27E, NMPM, Eddy County			

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	Drawer A, Levelland, TX		
Phillips Petroleum Company	Phillips Bldg, 4th & Washington, Odessa, TX		
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 1	Twp. 18S
			Rge. 27E
			Is gas actually connected? Yes
			When 7/24/77

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

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 6/23/77	Date Compl. Ready to Prod. 7/24/77	Total Depth 6210'	P.B.T.D. - 6162					
Pool Empire	Name of Producing Formation Abo Reef	Top Oil/Gas Pay 6104'	Tubing Depth 6069'					
Perforations 6104-6126'	Depth Casing Shoe 6210'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8" OD	1000'	426
7-7/8"	5-1/2" OD	6210'	1441
	2-3/8" OD	6069'	

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 7/24/77	Date of Test 7/24/77	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 80#	Casing Pressure Pkr	Choke Size 48/64"
Actual Prod. During Test 183 bbls	Oil - Bbls. 183	Water - Bbls. 0	Gas - MCF 179

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

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.

Q. L. Shadelford
(Signature)
Accountant I
(Title)
7/26/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 1 1977
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.

Separate Forms C-104 must be filed for each pool in multiple