

NO. OF COPIES RECEIVED		6
DISTRIBUTION		
SANTA FE		/
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

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

RECEIVED

SEP - 5 1978

Operator		Atlantic Richfield Company ✓	
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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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 "I"	273	Empire Abo	State, Federal or Fee State
Location			
Unit Letter	B	1300 Feet From The	North Line and 1595 Feet From The East
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 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, Tex		
Phillips Petroleum Company	Phillips Bldg, 4th & Washington, Odessa, TX		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.
	0	32	17S 28E
Is gas actually connected?	Yes	When	8/24/78

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	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.					
5/24/78	8/24/78	6351'	-					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Empire Abo	Abo Reef	6200'	6164'					
Perforations			Depth Casing Shoe					
6200-6210'			6351'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11"	8-5/8"	550'	310 SX					
7-7/8"	5-1/2"	6357'	1307 SX					
	2-3/8" OD	6164'						

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.)	
6/19/78	8/26/78	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	90#	Pkr	48/64"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
157 bbls	152	5	168

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.

A. L. Shackelford
(Signature)
Accountant I
(Title)
8/30/78
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 29 1978
BY W. A. Gessett
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 multiv