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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

NOV 27 1978

O.C.C.
 ARTERIA, OFFICE

I. 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"/>	Dry Gas	<input type="checkbox"/>
		Gashead 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 "K"	194	Empire Abo	State, Federal or Fee Fed
Location			
Unit Letter	J	1500 Feet From The	South Line and 2130 Feet From The East
Line of Section	1	Township	18S Range 27E, 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 Co	2300 Continental Natl Bk Bldg, Ft Worth, TX
Name of Authorized Transporter of Gashead 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 Prod Company Phillips Petr Co.	Drawer A, Levelland, TX Phillips Bldg, 4th & Washington, Odessa, TX
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
F 1 18S 27E	Yes 11/19/78

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		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10/18/78	11/19/78	6325'	6224'					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Empire	Abo Reef	6147'	6027'					
Perforations			Depth Casing Shoe					
6147-6167'			6325'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11"	8-5/8" OD	998'	740					
7-7/8"	5-1/2" OD	6325'	1171					
	2-3/8" OD	6027'						

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 Into Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11/14/78	11/19/78	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
20 hrs	75#	Pkr	48/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
162 bbls	159	3	95

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

R. L. Shackelford
 (Signature)

Accountant I

(Title)

11/22/78

(Date)

OIL CONSERVATION COMMISSION

DEC - 1 1978

APPROVED _____ 19

BY *W. J. Fessett*

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.