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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

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JUN 1 1979

Operator ARCO Oil & Gas Company - Divison of Atlantic Richfield Company		O.C.C.
Address Box 1710, Hobbs, New Mexico 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

DESCRIPTION OF WELL AND LEASE

Lease Name Empire Abo Unit "K"	Well No. 143	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee	State	Lease No.
Location					
Unit Letter K ; 1820 Feet From The South Line and 2550 Feet From The West					
Line of Section 2 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 Bank 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 Phillips Petroleum Company	Box 68, Hobbs, N.M. 4001 Penbrook, Odessa, TX				
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 2	Twp. 18S	Rge. 27E	Is gas actually connected? When Yes 5/24/79

If this production is commingled 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 4/16/79	Date Compl. Ready to Prod. 5/13/79	Total Depth 6108'	P.B.T.D. 6097'					
Elevations (DF, RKB, RT, GR, etc.) Empire Abo	Name of Producing Formation Abo Reef	Top Oil/Gas Pay 6070'	Tubing Depth 5996'					
Perforations 6070-6090' Abo Reef			Depth Casing Shoe 6107'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" OD		1000'		450			
7-7/8"	5-1/2" OD		6107'		1275			
	2-3/8" OD		5996'					

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)

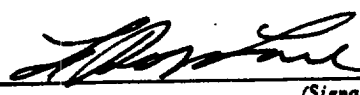
Date First New Oil Run To Tanks 5/13/79	Date of Test 5/25/79	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 100#	Casing Pressure Pkr	Choke Size 48/64"
Actual Prod. During Test 457 bbls	Oil-Bbls. 457	Water-Bbls. 0	Gas-MCF 249

GAS WELL

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

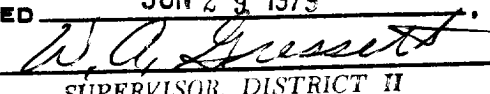
CERTIFICATE OF COMPLIANCE

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.


(Signature)
Dist. Drlg. Supt.
(Title)
5/30/79
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 2 9 1979

BY 
SUPERVISOR, DISTRICT II

TITLE

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.