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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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Operator Atlantic Richfield Company		FEB 10 1977
Address P. O. Box 1710, Hobbs, New Mexico 88240		O. C. C.
Reason(s) for filing (Check proper box)		ONLINE SERVICE
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 "G"	Well No. 342	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee State	Lease No. B-2071-24
Location Unit Letter <u>K</u> : <u>2400</u> Feet From The <u>South</u> Line and <u>2080</u> Feet From The <u>West</u> Line of Section <u>34</u> Township <u>17S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> 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 1st Nat'l Bk Bldg, Ft Worth, TX 76102					
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	Drawer A, Levelland, Texas 79336 Phillips Bldg, 4th & Washington, Odessa, TX 79760					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 34	Twp. 17S	Rge. 28E	Is gas actually connected? Yes	When 2/6/77

If this production is commingling 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'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>	
Date Spudded 1/11/77	Date Compl. Ready to Prod. 2/2/77	Total Depth 6376'		P.B.T.D. 6325'						
Elevations (DF, RKB, RT, GR, etc.) 3667.6'	Name of Producing Formation Abo	Top Oil/Gas Pay 5770'		Tubing Depth 6213'						
Perforations 6240-60'					Depth Casing Shoe 6376'					
TUBING, CASING, AND CEMENTING RECORD										
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT					
11"	8-5/8" OD		600'		250 sx plus 5 yds Redimix					
7-7/8"	5-1/2" OD		6376'		1565 sx					
	2-3/8" OD		6178'							

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 2/2/77	Date of Test 2/6/77	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 22 hrs	Tubing Pressure 110#	Casing Pressure Pkr	Choke Size 48/64"
Actual Prod. During Test 650 bbls	Oil-Bbls. 650 bbls	Water-Bbls. 0	Gas-MCF 310
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

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)
2/9/77
(Date)

OIL CONSERVATION COMMISSION
APPROVED MAR 1 1977
BY W. A. Gussitt
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 multiple