	DISTRIBUTION SANTA FE FILE		CONSERVATION C ISSION T FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C- Effective 1-1-65
	U.S.G.S. LAND OFFICE	AUTHORIZATION TO TR	AND RANSPORT OIL AND NATUR	RAL GAS
	OPERATOR /			RECEIVED
I.	PRORATION OFFICE Operator			MAY 1 9 1978
	Atlantic Richfield Company			
	P. O. Box 1710, Hob Reason(s) for filing (Check proper be	bs, New Mexico 88240		
	New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry (Other (Please explain	1)
	If change of ownership give name and address of previous owner			
II.	DESCRIPTION OF WELL AND			
	Lease Name Empire Abo Unit "H"		Jame, Including Formation	Kind of Lease
	Location	JOI EIII	pire Abo	State, Federal or Fee State
	Unit Letter N ; 150 Feet From The South Line and 1650 Feet From The West			
	Line of Section 33 , T	ownship 17S Range	28E , NMPM,	Eddy County
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)			
	Amoco Pipeline Compan	_		t'l Bank Bldg, Ft Worth, TX
	Name of Authorized Transporter of Casinghead Gas & cr Dry Gas Amoco Production Company Phillips Petroleum Company		Address (Give address to which approved copy of this form is to be sent) Drawer A, Levelland, Texas Phillips Bldg, 4th & Washington, Odessa, TX Is gas actually connected? When	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege. K 33 175 28E	Is gas actually connected?	When 5/14/78
	If this production is commingled w	with that from any other lease or pool		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deep	en Plug Back Same Res'v. Diff. Res'v
	Designate Type of Complet	ion - (X) X	X	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	4/15/78 Pool	5/13/78 Name of Producing Formation	6370 Top Oil/Gas Pay	6282
	Empire Abo	Abo Reef	6084 T	Tubing Depth 6368
	Perforations		1 0004	Depth Casing Shoe
	6084-61001			
			ID CEMENTING RECORD	
	HOLE SIZE	8-5/8" OD	DEPTH SET	SACKS CEMENT
	7-7/8"	5-1/2" OD	595	350 sx + 7 yds Redi-mix
		2-3/8" OD	5895'	1123 8%
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 allo able for this depth or be for full 24 hours)			
Ì	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)
	5/13/78 Length of Test	5/15/78	Flow	
	•	Tubing Pressure	Casing Pressure	Choke Size
	24 hrs Actual Prod. During Test	225# Oil-Bbls.	Pkr Water-Bbis.	48/64" Gas-MCF
	514	514	0	278
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Fressure	Casing Pressure	Choke Size
VI.	CERTIFICATE OF COMPLIAN	ice	OIL CONSERVATION COMMISSION JUN - 1 1978	

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.

(Title)

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J. L. Shackelford

Accountant I

5/18/78__

TITLE .

This form is to be filed in compliance with RULE 1104.

SUPERVISOR, DISTRICT II

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 multiply uplated mells.