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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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JUL 26 1978

I. Operator **O. C. C. ARTESIA, OFFICE**
Atlantic Richfield Company ✓
 Address
P. O. Box 1710, Hobbs, New Mexico 88240
 Reason(s) for filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of: Oil Dry Gas
 Recompletion Oil Condensate
 Change in Ownership Casinghead Gas

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
 Lease Name **Empire Abo Unit "F"** Well No. **321** Pool Name, Including Formation **Abo Reef Empire Abo** Kind of Lease **State, Federal or Fee State**
 Location
 Unit Letter **H**; **1610** Feet From The **North** Line and **250** Feet From The **East**
 Line of Section **33**, Township **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 Company **2300 Continental Nat'l Bank Bldg, Ft Worth, TX**
 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)
Amoco Production Company **Drawer A, Levelland, Texas**
Phillips Petroleum Company **Phillips Bldg, 4th & Washington, Odess, Texas**
 If well produces oil or liquids, give location of tanks. Unit **K** Sec. **33** Twp. **17S** Rge. **28E** Is gas actually connected? **Yes** When **7/1/78**

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.
 Date Spudded **6/1/78** Date Compl. Ready to Prod. **7/2/78** Total Depth **6210'** P.B.T.D. **-**
 Pool **Empire Abo** Name of Producing Formation **Abo Reef** Top Oil/Gas Pay **6158'** Tubing Depth **6013'**
 Perforations **6158-6210' OH** Depth Casing Shoe **6158'**
 TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8" OD	739'	370
7-7/8"	5-1/2" OD	6158'	1230
		236'	6013

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 **6/22/78** Date of Test **7/2/78** Producing Method (Flow, pump, gas lift, etc.) **Flow**
 Length of Test **24 hrs** Tubing Pressure **75#** Casing Pressure **Pkr** Choke Size **48/64"**
 Actual Prod. During Test **246 bbls** Oil - Bbls. **246** Water - Bbls. **0** Gas - MCF **207**

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.

 Accountant I

 7/19/78

 (Date)

OIL CONSERVATION COMMISSION
 JUL 31 1978
 APPROVED _____, 19____
 BY **W.A. Gussert**
 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 multiply