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TRANSPORTER	OIL	1
	GAS	4/1
OPERATOR		
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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-101 and C-110
Effective 1-1-65

RECEIVED

Operator ARCO Oil and Gas Company		MAY 4 1979	
Division of Atlantic Richfield Company			
Address		O. C. C.	
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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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

Lessee Name	Well No.	Pool Name, Including Formation	Kind of Lease
Empire Abo Unit "G"	324	Empire Abo	State, Federal or Fee State
Location			
Unit Letter	I	2250 Feet From The	South Line and 235 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 <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 Co.	Drawer A, Levelland, Tx 4001 Penbrook, Odessa, Texas		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.
	K	33	17 28
Is gas actually connected?	Yes	When	4/1/79

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					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
3/1/79	4/1/79		6370'		6331'			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Empire Abo	Abo Reef		6252'					
Perforations					Depth Casing Shoe			
6252-6262'					6370'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" OD		775'		700			
7-7/8"	5-1/2" OD		6370'		1270			
	2-3/8" OD		6101'					

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)

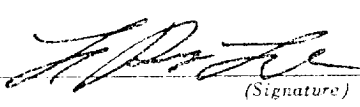
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3/25/79	4/29/79	Pump - hydraulic	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	3000# HP	Pkr	-
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
185 bbls	185	0	80

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.


(Signature)
Dist. Drlg. Supt.
(Title)
5/2/79
(Date)

OIL CONSERVATION COMMISSION
JUN 1 1979
APPROVED _____, 19_____
BY W. A. Gressett
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 multiple