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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

(DEVIATION SURVEYS ATTACHED)

RECEIVED

OCT 15 1975

Operator AMOCO PRODUCTION COMPANY.		O. C. C. ARTESIA, OFFICE
Address BOX 367, ANDREWS, TEXAS 79714		
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>		Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 12-2-75 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED Etc # 2-149
Change in Transporter of: Oil <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		

DESCRIPTION OF WELL AND LEASE

Lease Name EMPIRE SOUTH DEEP UNIT	Well No. 7	Pool Name, Including Formation SOUTH EMPIRE	Kind of Lease State, Federal or Fee FED	Lease No. LC-062407
Location Unit Letter 0 : 760 Feet From The SOUTH Line and 2310 Feet From The EAST Line of Section 30 Township 17-S Range 29-E, 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"/> NAHAJO CRUDE OIL PURCH CO. (TRUCKS)	Address (Give address to which approved copy of this form is to be sent) DRAVER ARTESIA, N.M.
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit 0 Sec. 30 Twp. 17S Rge. 29E	Is gas actually connected? No When

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 <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 5-25-75	Date Compl. Ready to Prod. 10-2-75	Total Depth 10982'	P.B.T.D. 8695'					
Elevations (DF, RKB, RT, CR, etc.) 3637' GL	Name of Producing Formation WOLF CAMP	Top Oil/Gas Pay 7863'	Tubing Depth 7718'					
Perforations 7863'-73'	Depth Casing Shoe 10982'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 17 1/2" 12 1/4" 7 7/8"	CASING & TUBING SIZE 13 3/8" 9 5/8" 5 1/2"		DEPTH SET 425' 2894' 10982'		SACKS CEMENT 475 1305 2220			

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 10-2-75	Date of Test 10-9-75	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 222	Oil-Bbls. 169	Water-Bbls. 53	Gas-MCF 241

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

I. 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.

04 3-NMOC-Act 1-JEL 1-OBP 1-DSP 1-RRY 20-PARTNERS	(Signature) ADMINISTRATIVE ASSISTANT (Title) OCT 13 1975 (Date)
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OIL CONSERVATION COMMISSION

APPROVED OCT 21 1975
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 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