

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		✓
FILE		✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		✓
PERFORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-101
Supersedes Old C-101 and C-102
Effective 1-1-65

RECEIVED

DEC 13 1978

Operator
Harvey E. Yates Company (Agent for Amoco Production Co., Unit Operator)

O. G. C.
ARTESIA, OFFICE

Address
P. O. Box 1933, Roswell, N. M. 88201

Reason(s) for filing (check proper box)			Other (Please explain)			
New Well	☐	Change in Transporter of:		From AMO EFFECTIVE JANUARY 1, 1979		
Recompletion	☐	Oil	☐		Dry Gas	☐
Change in Ownership	☐	Casinghead Gas	☐		Condensate	☒

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease	State	Lease No.
Lease Name Empire South Deep Unit		18	South Empire Morrow	State, Federal or Fee	State	E-4201

Location		Unit Letter	F	1980	Feet From The	North	Line and	1980	Feet From The	West
Line of Section		30	Township	17S	Range	29E	N.M.P.M.	Eddy	County	

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)		
The Permian Corp.				Box 1183, Houston, Texas 77001		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒		Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas Company		1800 Wilco Bldg., Midland, Texas 79701				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Reg.	Is gas actually connected?	When
	F	30	17S	29E	Yes	6-8-78

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	Gas Well	New Well	Workover	Deepen	Plug Back	Stim. Res.	Full Re.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.							
Elevations (DB, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth							
Perforations	Depth Casing Shoe									

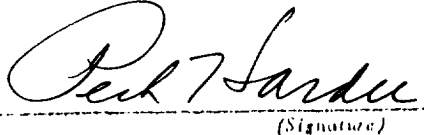
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lost 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

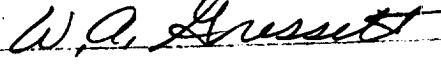
CERTIFICATE OF COMPLIANCE

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)
Engineer
(Title)
12-12-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 28 1978

BY 

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1194.

If this is a request for allowable for a newly drilled or recom well, this form can be accompanied by a calculation of 24-hour tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for all wells or new or recompleted wells.

Fill out only portions I, II, III, and VI for changes of name, well name or number, or transporter, or other such change of condition.