DISTRIBUTION		
SANTA FE	1	
FILE	1	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER — OIL	1	
TRANSPORTER — GAS	1	
OPERATOR	1	
PRORATION OFFICE		

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-1
Effective 1-1-65

RECEIVED

FEB 25 1981

O. C. D.
ARTESIA, OFFICE

Operator

Amoco Production Company ✓

Address

P. O. Box 68 Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☐ | Change in Transporter of: Oil ☐ | Dry Gas ☐
Recompletion ☐ | Casinghead Gas ☒ | Condensate ☐
Change in Ownership ☐

Other (Please explain)

To show change in potential flow test ~~and to change gas transporter~~

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease: State, Federal or Fee	Lease No.
Empire South Deep Unit	21	South Empire Morrow	State	B-11593

Location

Unit Letter A ; 660 Feet From The North Line and 660 Feet From The East

Line of Section 36 Township 17-S Range 28-E , NMPM, Eddy County

II. 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)
Permian Corp. **Permian (Eff. 9 / 1 /87)**	P. O. Box 1183, Houston, TX 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)**
Cabot Pipeline Corp.	One Houston Center, Suite 1000, Houston 77010

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	36	17-S	28-E	~~No~~ yes	3-9-81

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
Perforations			**Depth Casing Shoe**

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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**

ID-3 ... LT. PER ... 4-3-81

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
9750	24 hr.	125	
Testing Method (pitot, back pr.)	**Tubing Pressure (shut-in)**	**Casing Pressure (shut-in)**	**Choke Size**
flowing	1650		48/64"

VI. CERTIFICATE OF COMPLIANCE

0+4-NMOCD, A
1-Hou 1-Susp 1-LBG 1-W. Stafford, Hou

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.

1-Yates 1-Conoco 1-R.E. Boling
1-Cities Service 1-Bright

Benton Green
(Signature)

Assist. Admin. Analyst
(Title)

2-25-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 03 1981, 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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.