

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Form C-104 Supersedes Old C-104 and is Effective 1-1-65	
AMT. F.T.	1	(51) RECEIVED JUN 16 1977					
ILF	1						
S.G.S.	1						
AND OFFICE	1						
TRANSPORTER	OIL 1 GAS 1						
OPERATOR							
PRODUCTION OFFICE							
Operator							
Address							
Reason(s) for filing (Check proper box)							
New Well ☐		Change in Transporter of:		Other (Please explain)			
Recompletion ☐		Oil ☐		change of operator's name is			
Change in Ownership ☒		Casinghead Gas ☐		effective July 1, 1977.			
		Dry Gas ☐					
		Condensate ☐					
If change of ownership give name and address of previous owner							

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Citgo Empire Abo Unit, Tr. 14	14	Empire Abo	State, Federal or Fee Federal	42-028133A
Location	Unit Letter	Feet From The	Line and	Feet From The
	M 330	South	990	West
Line of Section	Township	Range	NMPM,	County
35	17S	27E	Eddy	

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)	
AMCO Pipeline Co.	3300 Continental Nat'l Bank Bldg.	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum Company	Phillips Building - Odessa, Texas 79761	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	N 35	17S
	27E	5-59

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 Reater	Diff. Reater
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RAB, 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 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.)	
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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.

E. Spuller
(Signature)
Region Operations Manager
(Title)
6/10/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 20 1977, 19
BY W. A. Grasset
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 multiple.