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PRODUCTION 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-110  
Effective 1-1-65

RECEIVED

(Empire Atoka  
Gas Proc. Facility 6A-77)

JAN 28 1977

AMOCO PRODUCTION COMPANY	
Address	
P.O. Drawer A, Levelland, Texas 79336	
Reason(s) for filing (Check proper box)	
New Well	<input type="checkbox"/>
Recompletion	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>
Change in Transporter of:	
Oil	<input type="checkbox"/>
Casinghead Gas	<input type="checkbox"/>
Dry Gas	<input checked="" type="checkbox"/>
Condensate	<input type="checkbox"/>
Other (Please explain) Eff. 8-1-76	
From: Gas Company of New Mexico	
To: Amoco Production Company	

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State Federal Gas Com	1	Empire Penn Gas	State, Federal or Fee State	B-1111-8
Location				
Unit Letter	E	1810 Feet From The	North Line and	790 Feet From The West
Line of Section	28	Township	17-S	Range 28-E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input type="checkbox"/>	or Condensate	<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Amoco Production Company-Trucks				Box 1183 Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Amoco Production Company				P.O. Drawer A, Levelland, Texas 79336
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	E	28	17	28
Is gas actually connected?		When		
Yes		6-19-72		

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	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

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

POSTED  
12-3-77  
change  
2-4-77

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pirog, 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.

Administrative Assistant

(Title)

1-26-77

(Date)

084 NMOCC-Art

1-JMG 1-Conoco

1-DIV 1-Husky-Canada

1-Susp

1-RC

OIL CONSERVATION COMMISSION

JAN 31 1977

APPROVED

BY

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 completed wells.