Form C-104/1
Revised February 10, 1994/2
Instructions on back
Submit to Appropriate District Office
5 Copies

to traver DD, Artesia, NM 88241-1960
to traver DD, Artesia, NM 88211-0719
to traver DD, Artesia, NM 88211-0719
to traver DD, Artesia, NM 87410

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

■ AMENDED REPORT

1.	, ITM 8/50		QUEST	FOR A	LLOW	ABL	E AND A	UTHO	RIZAT	TION TO T			Γ	
	¹ Operat	tor name an	d Address					² OGRID Number						
NCO Permian											000990			
P.O. Box 1710								1		1 /ilt	Reason for Filing Code			
Hobbs, New Mexico 88240 4 API Number							5 Pool Na	me	Cr 36(CP (Effective 11/01/95) 6 Pool Code				
30-015-25013									76375					
30-015		Empire Atoka (Gas) 8 Property Name						9 Well Number						
18027					<u>. </u>	State "CC		<u> </u>		1				
11.	.,		Location				Feet from the North/South I			Feet from the	East/West line C		County	
UI or lot no.	1		Township 17S	Range Lot. Idn 28E			990	South		2235	1	West Ed		
			202							1				
UL or lot no.	Section Location Township			Range Lot. Idn			eet from the	et from the North/South Line			East/Wes	st line	County	
12 Lse Code	13 Prod	lucing	Method Code	e 14 Gas (Connection	Date	¹⁵ C-129 Per	C-129 Permit Numb		C-129 Effective	fective Date 17 C-129 Expiration		29 Expiration Date	
III. Oil an	d Cas	Tr	ansnorte	rs					<u> </u>					
18 Transporter OGRID			19 Trans	porter Nam Address	e		20 POD 21 O/G			22 POD ULSTR Location and Description				
012835 Koch Oil Comp			Oil Compan	у			1921810)	0					
P.O. Box 1558			_											
Breckenridge,							400400							
009171 GPM Gas Corp				ation			1921830 G			er er				
P.O. Box 1492 El Paso, TX 79)978										
							1 - 144				0110,193			
										. o d			All Comments	
IV. Produce POL	ced M	vate	<u>r</u>				24 POD ULS	TR Location	on and Des	scription				
192185	0													
V. Well C		etio	n Data	eady Date			27 TD			28 PBTD	1	29 Pe	rforations	
opud Daib				, <u> </u>										
³⁰ Hole Sie				31 Casing	& Tubing	Size		32 Depth Set			33 S	cks C	ement	
											Part.	ID.	-3	
											1-12	-9	6	
											A. an			
											- my			
*** *** ** **									·					
VI. Well Test Data 34 Date New Oil 35 Gas Deliv			Gas Delivery	Date	³⁶ Test	Date	37 Test Length		38 Tbg. Pressure		³⁹ Csg. Pressure			
40 Choke Size		⁴¹ Oil	Dil 42 Water			43 Gas			⁴⁴ AOF		45 Test Method			
							<u> </u>							
46 I hereby certificompiled with another best of my kn	d that the	infor	mation given elief.	above is tru	e and comp	plete to	Approved		IL CON	(SERVATIO	N DIVIS	SION		
Signature:	Q. M	MA	<u> </u>			SUPERVISOR, DISTRICT II								
Printed name: Kellie D. Mu					Title:	Title:								
Title: Administrative Assistant							Approval I	Approval Date: DEC 29 1995						
Date: 12-26		Phone: 505-3	391-1649											
47 If this is a ch	ange of o		or fill in the C				e previous oper	ator Erik C	. Hoo	VC Prod	. Manager		12-21-95	
	F	reviou	us Operator S	ignature			Print	ed Name			Title		Date	