

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

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

RECEIVED

I. Operator **AMOCO PRODUCTION COMPANY** JAN 14 1975
Address **O.C.C. BOX 367, ANDREWS, TEXAS 79714** ARTESIA OFFICE
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) **CORRECT WELL NAME & TANK BAT. LOCATION. FORMERLY REPORTED AS SOUTH EMPIRE DEEP UNIT TBC F-B-18-29.**
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name EMPIRE SOUTH DEEP UNIT	Well No. 3	Pool Name, Including Formation SOUTH EMPIRE MORROW	Kind of Lease State, Federal or Fee STATE	Lease No. B-4458-32
Location Unit Letter N ; 1980 Feet From The WEST Line and 660 Feet From The SOUTH Line of Section 31 Township 17-S Range 29-E , NMPM, EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> NAVAJO CRUDE OIL PURCHASES CO (TRUCKS)	Address (Give address to which approved copy of this form is to be sent) DRAWER 175, ARTESIA, N.M. 88210			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> TRANSWESTERN PIPE LINE CO. PHILLIPS PETRO. CO.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1502 HOUSTON TX BARTLESVILLE, OKLA			
If well produces oil or liquids, give location of tanks. Unit N Sec. 31 Twp. 17 Rge. 29	Is gas actually connected? YES		When 8-15-73	

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 Restv.	Diff. Restv.
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 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 (pitot, 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.

045-NMOEC-AET
1-DIV
1-SUSP
1-RR4
1-JEL
1-OBP

[Signature]
(Signature)
ADMINISTRATIVE ASSISTANT
(Title)
JAN 13 1975
(Date)

OIL CONSERVATION COMMISSION

JAN 15 1975
APPROVED _____, 19____
BY *[Signature]*
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.