

# DEVIATION SURVEYS

DEPTH	%	DEPTH	%
395	1 <sup>0</sup>	7,172	4-3/4
660	1	7,304	5
914	1	7,422	5
1,163	1-1/4	7,672	5-1/2
1,384	1-1/4	7,800	5-1/2
1,571	1	7,923	5-1/4
1,948	1-1/4	7,986	5
2,140	1-1/2	8,171	4-3/4
2,357	3/4	8,392	4-1/2
2,545	1	8,654	3
2,825	1	8,900	2-3/4
3,060	1	9,150	2-1/4
3,560	1	9,465	2-1/2
3,757	1-1/4	9,544	2-1/2
4,378	3/4	9,844	2
4,627	1	10,185	3/4
5,004	1-3/4	10,968	1
5,130	2		
5,275	1-3/4		
5,398	2-1/4		
5,475	2		
5,660	1-3/4		
5,756	2-1/2		
5,851	1-3/4		
6,040	2		
6,325	3		
6,385	3-1/4		
6,515	3-3/4		
6,584	4		
6,676	4-1/2		
6,738	4-1/4		
6,770	4-1/4		
6,863	4-1/4		
6,926	4-1/2		
7,014	4-1/4		

THE ABOVE ARE TRUE TO THE BEST OF MY BELIEF.

*Lay Ryoakum*  
 ADMINISTRATIVE ASSISTANT  
 AMOCO PRODUCTION COMPANY

SWORN TO THIS DATE *R.W. Samil*

*January 15, 1975*

NOTARY PUBLIC IN & FOR ANDREWS COUNTY, TEXAS

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	GAS	1
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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**

JAN 16 1975

Operator <b>AMOCO PRODUCTION COMPANY</b>		<b>O. C. C.</b>	
Address <b>P. O. BOX 367, ANDREWS, TEXAS 79714</b>		<b>ARTESIA, OFFICE</b>	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>EMPIRE SOUTH DEEP UNIT</b>	Well No. <b>5</b>	Pool Name, Including Formation <b>UNDESIGNATED MORROW-GAS</b>	Kind of Lease <b>FED</b>	Lease No. <b>NM555569</b>
Location Unit Letter <b>G</b> ; <b>1980</b> Feet From The <b>NORTH</b> Line and <b>2180</b> Feet From The <b>EAST</b> Line of Section <b>31</b> Township <b>17-S</b> Range <b>29-E</b> , NMPM, <b>EDDY</b> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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)	
<b>TRANSWESTERN PIPELINE CO.</b>	<b>P. O. BOX 1502, HOUSTON, TX 76102</b>	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
		Is gas actually connected? When
		<b>1-15-75 per 1-15-75</b>

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't.	Diff. Res't.
		<b>X</b>	<b>X</b>					
Date Spudded <b>8-22-74</b>	Date Compl. Ready to Prod. <b>11-15-74</b>	Total Depth <b>10,968'</b>	P.B.T.D. <b>10,876'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3640 GL</b>	Name of Producing Formation <b>MORROW</b>	Top Oil/Gas Pay <b>10,796'</b>	Tubing Depth <b>10806</b>					
Perforations <b>10,796' - 10,803' W/4JSPF</b>			Depth Casing Shoe <b>10,966'</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>17-1/2"</b>	<b>13-3/8"</b>	<b>395'</b>	<b>395'</b>					
<b>12-1/4"</b>	<b>8-5/8"</b>	<b>2,825'</b>	<b>1,290'</b>					
<b>7-7/8"</b>	<b>5-1/2"</b>	<b>10,966'</b>	<b>980'</b>					

**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 <b>4.4M</b>	Length of Test <b>24</b>	Bbls. Condensate/MMCF <b>0</b>	Gravity of Condensate <b>--</b>
Testing Method (pitot, back pr.) <b>ORIFICE</b>	Tubing Pressure (Shut-in) <b>3100</b>	Casing Pressure (Shut-in) <b>--</b>	Choke Size <b>17/64</b>

**I. CERTIFICATE OF COMPLIANCE**

OIL CONSERVATION COMMISSION