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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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

I. Operator
AMOCO PRODUCTION COMPANY ✓
Address
BOX 367, ANDREWS, TEXAS 79714
Reason(s) for filing (Check proper box)
New Well ☐ Added
Recompletion ☐ Check Transporter of:
Change In Ownership ☐ Black Oil ☐ Dry Gas ☐
Casinghead Gas ☒ Condensate ☐
Other (Please explain)

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.: 5 Pool Name, including Formation: SOUTH EMPIRE - MORROW-
Kind of Lease: State, Federal or Fee FED Lease No.: NM-55556
Location:
Unit Letter: G ; 1980 Feet From The NORTH Line and 2180 Feet From The EAST
Line of Section: 31 Township: 17-S Range: 29-E, NMCM, CDDV County:

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)
1. NAVAL CRUDE OIL PURCHASES CO (TRUCKS) DRAWER 175, ARTESIA N.M. 88210
2. PHILLIPS PETROLEUM CO BARTLESVILLE OKLA
3. AMOCO PROD CO (EMPIRE SO. GAS GATH. SYST) BOX 367, ANDREWS, TX 79714
If well produces oil or liquids, give location of tanks. Unit: G Sec: 31 Twp: 17 Rge: 29 Is gas directly connected? YES When: 9-25-75 (2) 4-1-75

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 Rest. Diff. Rest.
Date Spudded Date Compl. Ready to Prod. Total Depth F.B.T.D.
Elevations (DI, 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 (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.

044-NMOCC-AET
1-DIV
1-SOSP
1-RRI
1-DBD

Ry Ryakum
ADMINISTRATIVE ASSISTANT

(Title)

SEP 30 1975

(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 2 1975

BY W. A. Gussert
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.