

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format OG-31-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. **Owner**
AMOCO PRODUCTION COMPANY

Address
P.O. BOX 68 HOBBS, NEW MEXICO 88240

Reason(s) for filing (Check proper box)

☐ New Well	Change in Transporter of:	☐ Dry Gas
☐ Recompletion	☒ Oil	☐ Condensate
☐ Change in Ownership	☐ Casinghead Gas	

Other (Please explain)
Request increase in allowable based on results of workover to open additional Wolfcamp interval 3-18-86
Also Change Crude Oil Transporter

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. 11	Pool Name, including Formation Empire South Wolfcamp	Kind of Lease State, Federal or Fee	Lease No. E-537-E
Location Unit Letter <u>4</u> 1980 Feet From The <u>North</u> Line and <u>2130</u> Feet From The <u>West</u>				
Line of Section <u>32</u> Township <u>17-S</u> Range <u>29-E</u> NMPLA <u>Eddy</u> County				

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

Name of Authorized Transporter of Oil ☒ or Condensate ☐ The Permian Corporation (Trucks)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79761
If well produces oil or liquids, give location of tanks. Unit <u>4</u> Sec. <u>32</u> Twp. <u>17</u> Rge. <u>29</u>	Is gas actually connected? <u>Yes</u> When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. **CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Beverly A. Ottwell
(Signature)
SENIOR ADMINISTRATIVE ANALYST
(Title)
3-21-86
(Date)

OIL CONSERVATION DIVISION
MAR 24 1986

APPROVED _____

BY _____ Original Signed By
Les A. Clements
Supervisor District II

TITLE _____

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.

Verbal approval of testing allowable and for Permian to transport oil given by phone to Beverly Ottwell of Amoco by Mike Williams NMCD-Artesia 3/21/86 BAW

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug back	Same as prev. Well No.
Date Logged	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
Perforations		76 98' - 8002' (Steeplecamp)		Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load all 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.)	
3-14-86	3-18-86	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	400		4/64"
Actual Pres. During Test	Oil - Lbs.	Water - Bbls.	Gas - MCF
	388	6	256

GAS WELL

Actual Pres. 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