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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
Effective 1-1-65

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I.

Operator: Amoco Production Company ✓

Address: P. O. Box 68, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well [ ]
Recompletion [X]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

CASINGHEAD GAS MUST NOT BE FLARED AFTER 8-31-82 UNLESS AN EXCEPTION TO Rule 306 ✓ IS OBTAINED

Ext 2-629

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Empire South Deep Unit	19	~~Und.~~ Empire South Wolfcamp	State, Federal or Fee	State 647-368

Location
Unit Letter H : 2280 Feet From The North Line and 660 Feet From The East

Line of Section 36 Township 17-S Range 28-E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Amoco Production Company (Trucks)	P. O. Box 1183, Houston, Texas
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	36	17-S	28-E		

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 Resv.	Diff. Res.
	X					X		

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-15-78	4-15-82	11299	8765
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3692.9 RDB	Wolfcamp	7730	7795
Perforations			**Depth Casing Shoe**
7730-40			11200

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	389	400 SX C1C
12-1/4	8-5/8	2906	1200 SX lite, 1200 C
7-7/8	5-1/2	11200	1700 Lite, 600 C1H
	2-7/8	7795	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3-30-82	4-15-82	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hr.			
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	38	118	41

Posted FD-2 7-23-82 Comp + BK

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.

Mark Freeman
(Signature)

Asst. Admin. Analyst
(Title)

5-27-82
(Date)

DMF

OIL CONSERVATION COMMISSION

JUL 21 1982

APPROVED _____, 19__

BY Mike Williams

TITLE OIL AND GAS INSPECTOR

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.