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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

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(Empire South Gas Gathering
System)

APR 18 1975

Operator		AMOCO PRODUCTION COMPANY		O. C. C. ARTESIA OFFICE
Address BOX 367, ANDREWS, TEXAS 79714				
Reason(s) for filing (Check proper box)			Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	Amoco Prod Co. replaces Transwestern	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	PLCo as transporter of dry gas - 4-1-75
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input checked="" type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner

Lease Name		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
EMPIRE SOUTH DEEP UNIT		1	SOUTH EMPIRE-MORROW-GAS	State, Federal or Fee	NM-056041
Location					
Unit Letter	F	1830'	Feet From The NORTH	Line and 1639	Feet From The WEST
Line of Section	6	Township	18-S	Range	29-E
				NMPM,	EDDY
				County	

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>				DRAWER 175, ARTESIA N.M. 88210	
NAVAJO CRUDE OIL PURCHASES CO. (TRUCKS)				2300 CONIL BANK BLDG, FORT WORTH TX	
AMOCO PIPE LINE CO.				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"/>				BOX 367, ANDREWS, TX 79714	
AMOCO PROD. CO. (EMPIRE SOUTH GAS GATHERING SYSTEM)				FIDELITY UNION TOWER BLDG.	
WESTERN GAS INTERSTATE CO.				BARTLESVILLE, OKLA.	
PHILLIPS PETROLEUM CO.				Is gas actually connected?	
If well produces oil or liquids, give location of tanks.				Unit	When
				F	6 18 29
				YES	4-1-75

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

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Designate Type of Completion - (X)									
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.

047- NMOC-ART
1- DIV
1- SUSP
1- RRV
1- DBP

[Signature]
ADMINISTRATIVE ASSISTANT
(Title)
APR 17 1975
(Date)

OIL CONSERVATION COMMISSION
APR 21 1975

APPROVED _____, 19____
BY *W. A. Gressett*
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.