

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

SEP - 5 1973

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

Operator  
MIDWEST OIL CORPORATION

Address  
1500 Wilco Bldg. Midland, Texas 79701

Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)  
Designation & Authorization for 3rd Gas Purchaser

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name South Empire Deep Unit	Well No. 1	Pool Name, including Formation South Empire (Morrow Gas)	Kind of Lease State, Federal or Fee Federal	Lease No. NM 0560401
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				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Amoco Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) 2300 Cont. Natl Bk.Bldg. Ft. Worth, Tex. 76102			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> 1) Western Gas Interstate Co. 2) Phillips Pet. Corp. 3) Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 2521 Houston, Texas 77001			
If well produces oil or liquids, give location of tanks. Unit F Sec. 6 Twp. 18 Rge. 29	Is gas actually connected? Yes	When <del>8-30-72</del> <del>2-7-73</del>	# 3-8-15-73	

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'tv.	Diff. Res'tv.
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 (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.

*Bonnie Husband*  
(Signature)

Production Clerk

(Title)

Sept. 4, 1973

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 5 1973, 19

BY *W. A. Gressett*

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.