	NEW MEXICO OIL CONS	SERVATION COMMISSION	Form C-104
SAN	REQUEST FO	R ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
	AUTHORIZATION TO TRANS	ND POR FOIL AND NATURAL GAS	i
	ja j	UL 3 1974 🦯	,
AS /	¥ :	D.C.C. / CORRE	ETTER)
• • • • • • • •	AR	D. C. C. / UKKC	
AMO OF ERODUCTION COMPANY	·		
A F. O. BOX 68 HOBBS, NEW MEXICO 8	88240		
Reason thing a peak proper box)	Addt 1. XXXXXX in Transporter of:	Other (Please explain)	
New we have a second se	Oil Dry Gas	EFFECTIVE 7-1-74	4 7:00 A. M.
Charge an Ownership XX	Casinghead Gas Condensat		
If charate of ownership give name and address of previous owner	MIDWEST OIL CORPORATION,	, MIDLAND, TEXAS	
I. DESCRIPTION OF WELL AND L	Well No. Pool Name, Including Form	ation Kind of Lease	Lease No.
SOUTH EMPIRE DEEP UNIT	1 SOUTH EMPIRE-MOR		r Fee FED NM-056041
/F183	0 Feet From The North Line of	andFeet From The	•West
Unit Letter;;	uship 18-S Range 29-	-E , NMPM, Eddy	County
II. DESIGNATION OF TRANSPORT Naivaju Chude Offspurchaile	- Co Trucket	Address (Give address to which approve P. O. Drawer 1/5, Arte	d copy of this form is to be sent esia, New Mexico 88210
		2300 Contl. Bank Bldg.	hopping this exas to 75201
Amoco Pipeline Company Western GaseInterstate Transwestern Pipe Line Co		P. O. Box 1502, Houston Bartleaville, Oklahowa Is das actually connected	h, Texas //001
If well produces oil or liquids,	Unit Sec. Twp. P.ge. F 6 18 29	Is gas actually connected?	7-11-73
give location of tanks.	h that from any other lease or pool, gi		
If this production is commingred with IV. <u>COMPLETION DATA</u>		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completion			P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.11D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay	Tubing Depth
Fericrations			Depth Casing Shoe
F 7 A.A.MA		CENENTING RECORD	
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		in the second values of load all a	and must be equal to or exceed top allow-
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be aft able for this dep	pth or be for full 24 hours) Producing Method (Flow, pump, gas lif	
Cate First New Oil Run To Tanks	Date of Test	Producing Method (r tow, pump, gos of	.,,
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod, During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
GAS WELL			Gravity of Condensate
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 COMPLIAN	ICE	11	ATION COMMISSION
		APPROVED JUL 3 1974	
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.		BY_ N. a. Spensett	
0 & 7 - NMOCC, ART		TITLE OIL AND GAS INSPECTOR	
		This form is to be filed in compliance with RULE 1104.	
1 - JEL THE JORKIEM			
1 - SUSP ADMINISTRATIVE ASSISTANT		tests taken on the well in acco	ust be filled out completely for allow-
$\frac{1 - RRY}{(Title)}$		able on new and recompleted +	with and Wilfor changes of owner,
JULY 2, 1974 (Date)		I wall same or number. Or transpy	it, iii, and vi to change of condition. or the filed for each pool in multiply
		Separate Forms C-104 ind	