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LAND OFFICE	
TRANSPORTER OIL	
TRANSPORTER GAS	
OPERATOR	
PRORATION OFFICE	

JUL 19 1972
O. C. C.
ARTESIA, OFFICE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

(EMPIRE ABO GS II)

(DEVIATION SURVEYS w/ Letter 7-2-72, FILES UES-162-9655 x 107)

I. PRORATION OFFICE

Amoco Production Company

BOX 68, HOBBS, N. M. 88240

Reason for Filing (Check proper box)
New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)
REPLACEMENT FOR WELL No. 1

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 (State, Federal or Fee)	Lease No.
MARCO B Federal	3	EMPIRE ABO		LC-057858

Location
Unit Letter E ; 1618 Feet From The NORTH Line and 330' Feet From The WEST
Line of Section 11 Township 18-S Range 27-E , NMPM, EDDY County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Amoco Pipe Line Co
Address (Give address to which approved copy of this form is to be sent)
2300 CONTINENTAL BANK BLDG. FORT WORTH, TEXAS 76102

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Amoco Production Company
Address (Give address to which approved copy of this form is to be sent)
EMPIRE ABO GASOLINE PLANT, BOX 68, HOBBS, N. M. 88240

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	11	18	27	YES	(METER STA 30-9) 7-7-72

If this production is commingled with that from any other lease or pool, give commingling order number: PLC-43

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-15-72	7-7-72	6105'	6075'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3559' R.D.B.	ABO	6038'	6065'
Perforations			**Depth Casing Shoe**
6038-64' W/2 JSPF			6105'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	1001'	500
7 7/8"	5 1/2"	6105'	300
	2 3/8"		

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.)	
7-7-72	7-17-72	PUMP	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24	—	—	—
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
148	142	6	79 (GOR-556 Gr. 43°)

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**

posted 7-21-72

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.

(Signature)
AREA SUPERINTENDENT
(Title)
JUL 17 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 21 1972, 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 changes of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

C.C.- NMOCC-H
1- DIV
1- JER
1- OGP
1- SUSD
1- RRY
2- HONDO