Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O.Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions at Bottom of Page

CISF LT GT DP

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
Amoco Production Company ✓	30-015-21562

Address			
P.O. Box 3092, Rm 17.182	Houston,	Texas	77253-3092

Reason(s) for Filing *(Check proper box)*

New Well	☐	Change in Transporter of:		
Recompletion	☑	Oil ☐	Dry Gas ☑	
Change in Operator	☐	Casinghead Gas ☐	Condensate ☐	

Other *(Please explain)* ☐

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Empire South Deep Unit	6	Bear Grass Draw (Atoka)		E-1284-3

Location

Unit Letter P : 1315 Feet From The South Line and 1315 Feet From The East Line

Section 1 Township 18-S Range 28-E ,NMPM, Eddy, NM County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address *(Give address to which approved copy of this form is to be sent)*
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☑	Address *(Give address to which approved copy of this form is to be sent)*
Transwestern Pipeline Company	P. O. Box 1188, Houston, TX 77251

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					Yes	05-28-93

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'v	Diff Res'v

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
07-18-75	05-28-93	11065'	10800'
Elevations *(DF,RKB,RT,GR,etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3664'	Atoka	10230-10364'	10082.6

Perforations	Depth Casing Shoe
10230-10238 and 10360-10364 W/4 JSPF	

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT
17-1/2"	13-3/8"	54.5#	406'	Pat ID-2 6-18-93	725
12-1/4"	9-5/8"	32#, 36#	2900'		2025
8-3/8"	5-1/2"	15.5#, 17#	11065'	Pkr @ 10230	2920
	2-7/8"	6.5#	10082'	Comp Assy	

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 Tank	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
100 MCF	24 hrs ending 5-31-93	0	N/A
Testing Method *(pitot, back pr.)*	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Tested Down Sales Pipe	720	0	48/64"

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
Devina M. Prince — Staff Assistant
Printed Name — Title
06-03-93 — (713) 596-7686
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 15 1993

By ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 2 copies to Appropriate District Office.

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Santa Fe, New Mexico 87504-2088

Form C-116
Revised 1/1/89

GAS-OIL RATIO TEST

Operator	Pool	County
Amoco Production Company	Bear Grass Draw (Atoka)	Eddy

Address: P.O. Box 3092, Houston, Texas 77253-3092

TYPE OF TEST - (X): Scheduled [ ] Completion [✓] Special [ ]

LEASE NAME	WELL NO.	LOCATION U	S	T	R	DATE OF TEST	STATUS	CHOKE SIZE	TBG. PRESS.	DAILY ALLOW-ABLE	LENGTH OF TEST HOURS	PROD. DURING TEST WATER BBLS.	GRAV. OIL	OIL BBLS.	GAS M.C.F.	GAS-OIL RAT. CU.FT/BBL.
Empire South Deep Unit	6	P	1	18S	28E	05-28-93	F	48/64"	720		24	0		0	100	0.00

Record Only

Instructions:

During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is locate by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowables when authorized by the Division.

Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60 F. Specific gravity base will be 0.60.

Report casing pressure in lieu of tubing pressure for any well producing through casing.

(See Rule 301, Rule 1116 & appropriate pool rules.)

I hereby certify that the above information is true and complete to the best of my knowledge and belief.

Devina M. Prince
Signature

Devina M. Prince Staff Assistant
Printed name and title

06-07-93 (713) 596-7686
Date Telephone No.