NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL	
TRANSPORTER 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-1
Effective 1-1-65

RECEIVED BY
AUG 24 1983
O. C. D.
ARTESIA, OFFICE

Operator
Amoco Production Company

Address
P. O. Box 68, Hobbs, NM 88240

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

Other (Please explain)
Request allowable to produce Wolfcamp

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Empire South Deep Unit	10	~~Wildcat~~ Wolfcamp	State, Federal or Fee State	E-12843

Location
Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East
Line of Section 1 Township 18-S Range 28-E, NMPM, Eddy County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	P. O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Company	Suite 614, 1st Nat'l Bldg, Odessa, TX

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	1	18-S	28-E	Yes	4-4-77

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

III. COMPLETION DATA

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

Date ~~Spudded~~ OC	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-17-82	8-4-83	11140'	10065'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3687.4' RDB	Wolfcamp	8719'	2982

Perforations	Depth Casing Shoe
8719'-24', 8736'-38', 8743'-45', 8748'-58', and 8764'-66' w/2 JSPF	11140'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	405'	400 sx Cl C
12-1/4"	9-5/8"	2900'	2200 sx Trin Lt. & Cl C
7-7/8"	5-1/2"	11140'	2650 sx Trin Lt. & Cl H
	2 3/8	8935	

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.)	Post IP-2 9-2-83
3-31-83	8-4-83	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
3 hrs			Comp. Hop.
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
8	57	3	0

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.

Cathy L. Forman
(Signature)
Asst. Admin. Analyst
(Title)
8-22-83
(Date)

OIL CONSERVATION COMMISSION
APPROVED AUG 29 1983, 19
BY Original Signed By
Leslie A. Clements
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.

0+5-NMOCD,H 1-HOU 1-F.J.Nash, Hou 1-CLF

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE	✓	
FILE	✓	✓
U.S.G.S.		
LAND OFFICE		
OPERATOR	✓	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

RECEIVED BY
AUG 24 1983
O. C. D.
ARTESIA, OFFICE

5a. Indicate Type of Lease: State [X] Fee [ ]
5. State Oil & Gas Lease No.: E-12843

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL [X] GAS WELL [ ] OTHER-
7. Unit Agreement Name:
2. Name of Operator: Amoco Production Company ✓
8. Farm or Lease Name: Empire South Deep Unit
3. Address of Operator: P. O. Box 68, Hobbs, NM 88240
9. Well No.: 10
4. Location of Well: UNIT LETTER G, 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 1 TOWNSHIP 18-S RANGE 28-E NMPM.
10. Field and Pool, or Wildcat: ~~Wildcat~~ Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.): 3687.4' RDB
12. County: Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER status update [ ]	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Resumed pump testing 7-21-83. Pump tested for 63 hours and pumped 29 BO, 3 BLW, and 6 BW. Averaged 5 BO and 0 BW in 24 hours. Well currently pump testing.

O+5-NMOCD, A 1-HOU 1-F.J.Nash, Hou 1-CLF

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

SIGNED Cathy L Forman TITLE Asst. Admin. Analyst DATE 8-22-83

APPROVED BY Original Signed By Leslie A. Clements TITLE Supervisor District II DATE AUG 29 1983

CONDITIONS OF APPROVAL, IF ANY: