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

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

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JAN 27 1977

Operator AMOCO PRODUCTION COMPANY		O.C.C. DISTRICT OFFICE	
Address P.O. DRAWER A, LEVELLAND, TEXAS 79336			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change In Transporter of <input type="checkbox"/>	REQUEST TESTING ALLOWABLE OF <del>1000</del> BBLs. monthly 810642-900 200 RL	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of ownership give name and address of previous owner			

II. DESCRIPTION OF WELL AND LEASE			
Lease Name EMPIRE SOUTH DEEP UNIT	Well No. 12	Pool Name, Including Formation WILDCAT MORROW	Kind of Lease State, Federal or Fee FEE
Location Unit Letter K : 1980 Feet From The SOUTH Line and 2120 Feet From The WEST			
Line of Section 5 Township 18-S Range 29-E, NMPM, EDDY			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Amoco Production Company (TRUCKS)		P.O. Box 1183 HOUSTON, TEXAS	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, TEST TANK	Unit K	Sec. 5	Twp. 18
			Rge. 29
Is gas actually connected?		When	
If this production is commingled with that from any other lease or pool, give commingling order number:			

V. COMPLETION DATA			
Designate Type of Completion - (X)			
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

VI. 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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VII. 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.	
Ray W. Cox (Signature) Administrative Assistant (Title) 1-25-77 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED JAN 31 1977	
BY W. A. Grasset SUPERVISOR, DISTRICT II	
TITLE	
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 deviator tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for eligible on new and re-completed wells. Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conduct	