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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	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-110
Effective 1-1-65

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FEB 4 1977

Operator AMOCO PRODUCTION COMPANY	
Address P.O. DRAWER A, LEVELLAND, TEXAS 79336	
O.C.C. ARTESIA, OFFICE	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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 4. SOUTH EMPIRE MORROW GAS	Kind of Lease State, Federal or Fee FEE	Lease No.
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	County

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, give location of tanks.	Unit K Sec. 5 Twp. 18 Rge. 29	Is gas actually connected? No	When

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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 11-5-76	Date Compl. Ready to Prod. 2-1-77	Total Depth 11,165	P.B.T.D. 11,130					
Elevations (DF, RKB, RT, GR, etc.) 3591 RDB	Name of Producing Formation MORROW	Top Oil/Gas Pay 10,642	Tubing Depth 10,560					
Perforations 10,642' to 10,656', 10,730' to 10,750', 10,888' to 10,900'			Depth Casing Shoe -					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	425'	400 SK CLASS C					
12 1/4"	9 5/8"	2900'	2275 SK TLW x CLASS C					
8 3/4"	5 1/2"	11165'	2225 SK TLW x CLASS C					

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 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 4772	Length of Test 4 hrs.	Bbls. Condensate/MMCF 12	Gravity of Condensate 64.5
Testing Method (pilot, back pr.) 4 PT. BACK PRESSURE	Tubing Pressure (Shut-in) 3175	Casing Pressure (Shut-in) -	Choke Size 20/64"

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.

0-4-NMOC-ART	1-Div.
1-SUP	1-RC
20-PARTNERS	
Ray W. Cox	Administrative Assistant
2-3-77	(Date)

OIL CONSERVATION COMMISSION
MAY 13 1977

APPROVED _____, 19____
BY **W. A. Gussert**
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.