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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

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

APR -9 '90

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Company		Well API No. 3001521947
Address P. O. Box 3092, Houston, TX 77253		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Empire South Deep Unit	Well No. 12	Pool Name, Including Formation Undesignated -- Atoka	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter K : 1980 Feet From The South Line and 2120 Feet From The West Line 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) P.O. Box 1183, Houston, TX 77251-1183					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2018, Roswell, NM 88202					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 5	Twp. 18-S	Rge. 29-E	Is gas actually connected? Yes	When? 3/30/90

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
		X				X		X
Date Spudded	Date Compl. Ready to Prod. 3/30/90		Total Depth 11,165'		P.B.T.D. 10,389'			
Elevations (DF, RKB, RT, GR, etc.) 3567 GL	Name of Producing Formation Undesignated--Atoka		Top Oil/Gas Pay 10,191		Tubing Depth 10,110			
Perforations 10,191 - 10,312					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	425'	Post ID-2 400
12-1/4"	9-5/8"	2900'	6-8-90 2275
7-7/8"	5-1/2"	11165'	comp Atoka 2225
	2 3/8"	10,110	

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 4/2/90 823	Length of Test 24 hours	Bbls. Condensate/MMCF 8bbls/833MCF	Gravity of Condensate 60.5
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 550	Casing Pressure (Shut-in)	Choke Size 16/64

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
Phillip W. Hill Asst. Admin. Analyst
Printed Name Title
4/6/90 713/ 596-7614
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 2 9 1990

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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 sections I, II, III, and IV for changes of operator, well name or number, transporter, or other such changes.