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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 C-11
Effective 1-1-65

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"Deviation Survey Attached"

NOV 21 1977

Operator Amoco Production Company ✓		O. C. C.	
Address P. O. Drawer A, Levelland, Texas 79336		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. 15	Pool Name, Including Formation Empire Morrow South	Kind of Lease State, Federal or Fee Fed.	Lease No. LC-061702
Location				
Unit Letter E	1980	Feet From The North	Line and 660	Feet From The West
Line of Section 8	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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Co.	P. O. Box 1492, El Paso, Texas					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 8	Twp. 18	Rge. 29	Is gas actually connected? No Yes	When 12-9-77

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'tv.	Diff. Res'tv.
		X	X					
Date Spudded 8-8-77	Date Compl. Ready to Prod. 11-2-77	Total Depth 10,997	P.B.T.D. 10,997					
Elevations (DF, RKB, RT, GR, etc.) 3556.8 RDB	Name of Producing Formation Morrow	Top Oil/Gas Pay 10824'	Tubing Depth 10,630					
Perforations 10824'-80'	Depth Casing Shoe -							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	426'	400 SX Class C					
12 1/4"	9 5/8"	2872'	1250 SX Howco & Class C					
8 3/4"	5 1/2"	10997'	2000 SX Trinity & Type					

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 1040	Length of Test 6 hrs	Bbls. Condensate/MMCF 4	Gravity of Condensate NA
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1475	Casing Pressure (Shut-in) NA	Choke Size 23/64"

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.

OIL CONSERVATION COMMISSION

APPROVED DEC 15 1977, 19
BY W. A. Gussert
TITLE DEPUTY COMMISSIONER

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.

& 4-NMCCC-Art Ray W. Cox
1-Div. (Signature)
1-Susp Administrative Assistive
1-RC (Title)
21-Partners 11-18-77
(Date)