

DEPARTMENT	
SECTION	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Supersedes OIL C-101 and C-11
Effective 1-1-65

DEVIATION SURVEYS ATTACHED
RECEIVED

JAN 18 1978

Operator Amoco Production Company	
Address P. O. Drawer A, Levelland, TX 79336	
O. C. C. ARTESIA, OFFICE	
Reason(s) for filing (Check proper box)	Add
New Well ☐	XXXXXX Transporter oil
Recompletion ☐	Oil ☐ Dry Gas ☒
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐
Other (Please explain) Report connection of gas to sales line.	

(Change of ownership give name
and address of previous owner)

DESCRIPTION OF WELL AND LEASE

Lease Name Empire South Deep Unit	Well No. 16	Pool Name, including Formation South Empire Morrow	Kind of Lease State, Federal or Fee Fed	Lease No. LC-028772
Location Unit Letter G ; 1980 Feet From The East Line and 1980 Feet From The North				
Line of Section 7 Township 18-S Range 29-E, NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Navajo Crude Oil Purchasing Company (Trucks)	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 175, Artesia, N.M. 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492 El Paso, Texas
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. G 7 18 29
Is gas actually connected?	When Yes 1-13-78

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.D.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

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead 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/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

4-NMOCC-Art
1-Div.
1-Susp.
1-RD
21 Partners
Ray W. Cox
(Signature)
Administrative Supervisor
(Title)
1-16-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

BY _____

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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells, old or new and recompleting 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 conditions.