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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  
**RECEIVED**

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-65

NOV 28 1977

Operator <b>AMOCO PRODUCTION COMPANY</b>		<b>O.C.C.</b> <b>ARTESIA, OFFICE</b>
Address <b>P.O. DRAWER A, LEVELLAND, TEXAS 79335</b>		
Reason(s) for filing (Check proper box)		
New Well <input checked="" type="checkbox"/>	Change In Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Other (Please explain) <b>Request Testing Allowable of 100 bbls.</b>
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

If change of ownership give name and address of previous owner

**I. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>EMPIRE SOUTH DEEP UNIT</b>	Well No. <b>16</b>	Pool Name, including Formation <b>EMPIRE SOUTH MORROW</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>LC-02872</b>
Location				
Unit Letter <b>G</b>	: <b>1980</b>	Feet From The <b>EAST</b>	Line and <b>1980</b>	Feet From The <b>NORTH</b>
Line of Section <b>7</b>	Township <b>18-S</b>	Range <b>29-E</b>	, NMPM, <b>Eddy</b> County	

**II. 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)		
<b>NAVAJO CRUDE OIL PURCHASING - TRUCKS</b>	<b>P.O. Box 159 ARTESIA N.M. 88210</b>		
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 <b>G</b> Sec. <b>7</b> Twp. <b>18</b> Rge. <b>29</b>	Is gas actually connected? <input type="checkbox"/>	When

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

**III. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
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

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

**V. 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.

044-NMOC-AR  
1-Div.  
1-Susa  
1-Re  
**Ray W. Cox**  
(Signature)  
**Administrative Assistant**  
(Title)  
**11-23-77**  
(Date)

<b>OIL CONSERVATION COMMISSION</b>	
APPROVED	<b>NOV 28 1977</b>
BY	<b>W.A. Gressett</b>
TITLE	<b>SUPERVISOR, DISTRICT II</b>
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 deviated tests taken on the well in accordance with RULE 110.	
All portions of this form must be filled out completely for allowable on new and re-completed wells.	
Fill out only Sections I, II, III, and VI for extension of existing well name or number, or transportation or other such change of condition.	