| DISTRIBUTION | NEW MEXICO OIL | CONSERVATION COMMIS***N | |
|---|---------------------------------------|---|---|
| SANTA PE | | FOR ALLOWABLE | Superseder Old C-104 and C-110 |
| FILE / F | 1 | RANDE | Effective 1-1-55 |
| U,\$.G.5, | AUTHORIZATION TO YRA | ANSPORT OIL AND NATURAL | GAS |
| LAND OFFICE | - | MOV on | |
| TRANSPORTER OIL | - | NOV 28 1977 | |
| GAS / | - | . . | |
| PRODATION OFFICE | - | O. C. C. | |
| Operator | | ARTESIA, DEFIGE | |
| Amoco Production | Company | • | · |
| P. O. Drawer A, Le | velland, Texas 79336 | | |
| | | ! | |
| Reason(s) for filing (Check proper box | | Other (Please explain) | |
| New Well Recompletion | Change in Transporter of: Oil Dry Go | · ml | |
| Change in Ownership | Casinghead Gas Conde | | |
| | | | |
| f change of ownership give name nd address of previous owner | | | |
| and desired of provided owner | | | · |
| DESCRIPTION OF WELL AND | | | |
| Lease Name | Well No. Pool Name, Including F | | Ledaeo. |
| Empire South Deep Unit | 16 Empire Morro | ow South | el cr Fee UC-028772(d |
| | noo Enct | | Manual |
| Unit Letter G; 1,9 | 980 Feet From The East Lin | ne and 1,980 Feet From | The North |
| Line of Section 7 To | waship 18-5 Range | · 29-E , NMPM, E | Eddy county |
| | | | 33117 |
| DESIGNATION OF TRANSPORT | TER OF OIL AND NATURAL GA | IS | |
| Name of Authorized Transporter of Oil | or Condensate | Address (Give address to which appro | |
| Navajo Crude Oil Purcha | sing Co. (Trucks) | P. O. Drawer 175, Ar Address (Give address to which appro | rtesia, N.M. 88210 |
| Name of Authorized Transporter of Cas | singhead Gas or Dry Gas | | |
| El Paso Natural Gas | 1 | P, O, Box 1492, E] F | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Pge. | Is gas actually connected? When we want | 1-13-78 |
| | <u>; G ; 7 ; 18 ; 29</u> | | 1-12 (0 |
| I this production is commingled will COMPLETION DATA | th that from any other lease or pool, | give commingling order number: | |
| | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diit. Res'v. |
| Designate Type of Completic | on = (X) | X | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| 9-22-77 | 11-18-77 | 11,085 | 11,085 |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| 3589 GR | Morrow | 10,918' | 11,022 |
| Perforations 10,918'-36' | | | Depth Casing Shoe |
| | THEING CASING AND | CEMENTING RECORD | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 17½" | 13 3/8" | 390' | 450 SX CLS C |
| 124" | 9 5/8" | 2,955' | 1,200 SX Lite X CLS C |
| 8 3/4" | 5 12" | 11,085' | 2,100 SX Lite X CLS C |
| | 2 78" | 11022 W/phe 10080 | |
| TEST DATA AND REQUEST FO | OR ALLOWABLE (Test must be a | | and must be equal to or exceed top allow- |
| OIL WELL | able for this de | pth or be for full 24 hours) Producing Method (Flow, pump, gas li | (f. etc.) |
| Date First New Oil Run To Tanks | Date of leaf | Producing Notice (1 tow, pamp, gos to | ,,,, |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| | | | |
| Actual Prod. During Tost | Oil-Bble. | Water-Bbls. | Gae-MCF |
| | | l | |
| | | | |
| GAS WELL | | _ | |
| Actual Fred, Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| 3,500 | 3hrs | 128 | NA |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shuu-iu) | Cosing Pressure (Shut-in) | Chake Sixe 20/64" |
| Back Pressure | 1650 | -0- | <u></u> |
| CERTIFICATE OF COMPLIANCE | JE . | i i | ATION COMMISSION |
| | | APPROVED MAN 1 9 | 1978 |
| hereby cortify that the rules and regulations of the Oil Conservation on the complete with and that the information given | | 1. (1) 4 | |
| bove is true and complete to the best of my knowledge and belief. | | BY W. U. STUBLES | |
| NMOCC-Art | | TITLE SUPERITION, DISTRICE A | |
| Div. | | | |
| 1 Such | | This form is to be filed in compliance with MULE 1104. | |
| RC Clarification | | If this is a request for allowable for a newly diffict or deepened well, this form must be accompenied by a tabulation of the deviation | |
| Partners Staff Assistant (SG) | | tasts taken on the well in accordance with RULE 111. | |
| (Tule) | | All sections of this form must be filled out completely for allow- shie on now and recompleted wells. | |
| 11-23-77 | | Will out only Southous I. H. III. and VI for charges of owner, | |
| (1)4 | 14) | well name of number, or transpor | ten or other such thange of condition. |
| | | | |