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U.S.G.S.	
LAND	
TRANSPORT	
OPERATION	
PROGRAM	

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-110
Effective 1-1-65

RECEIVED

JUL 1 1974

I. **Amoco Production Company**
Address: **BOX 68, HOBBS, N. M. 88240**
Reason: ☒ Check proper box
New Well ☐ Change in Transporter of: Oil ☒ Dry Gas ☐
Recom. ☐ Casinghead Gas ☐ Condensate ☐
Change ☒ Other (Please explain) **Formerly: Navajo crude oil - change: Eff. 7:AM 7-1-74**

If change of ownership give name and address of previous owner: **MIDWEST OIL CORP, MIDLAND TEXAS**

II. **DESCRIPTION OF WELL AND LEASE**
Lease: **South Empire Neys Unit** Well No.: **4** Well Name, Including Formation: **South Empire - Waycamp** Kind of Lease: **STATE** Lease No.: **B-2023-13**
Location: **G 1980** Feet From The **NORTH** Line and **2230** Feet From The **EAST** Line
Line: **32** Township: **17-S** Range: **29-E**, NMPM, **EDDY** County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**
Name: **Amoco Pipe Line Co Navajo Crude Oil** or Condensate ☐ (Tex.) **2300 Continental Fork Rd Fort Worth**
Name: **PHILLIPS PETRO. Co.** or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) **Bartlesville Okla**
If well produces oil or liquids, give in barrels: **G 32 17 29** Is gas actually connected? **YES** When **5-10-74**

If this well 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 Rest'v. ☐ Diff. Rest'v.
Date Spudded: Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevation (D.F., 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

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 Rate During Test Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL
Actual Rate Gas-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing (see appendix, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

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.
044 NMOC. Det
1-DIV
1-SUP
1-DAP
1-JEL
1-RRY
W. A. Gressett
ADMINISTRATIVE ASSISTANT
JUN 28 1974
OIL CONSERVATION COMMISSION
JUL 2 1974
APPROVED
BY
TITLE OIL AND GAS INSPECTOR
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.
Separate Forms C-104 must be filed for each pool in multiply related wells.