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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
PRORATION OFFICE		

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

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APR 21 1978

Operator DEPCO, Inc. ✓		O. C. C. ARTESIA, OFFICE	
Address 800 Central, Odessa, Texas 79761			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Conoco St.	Well No. 1	Pool Name, Including Formation Wildcat Canyon	Kind of Lease State, Federal or Fee State	Lease No. E4200
Location Unit Letter K ; 1980 Feet From The South Line and 1650 Feet From The West Line of Section 15 Township 17S Range 29E , NMPM, Eddy County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purch. Co.	Address (Give address to which approved copy of this form is to be sent) Box 175, Artesia, New Mexico 88210			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) 4th & Washington, Odessa, Texas 79760			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 15	Twp. 17	Rge. 29
	Is gas actually connected?		When 8-19-77	

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

VI. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen <input checked="" type="checkbox"/>	Plug Back	Same Res <sup>o</sup> v.	Diff. Res <sup>o</sup> v. <input checked="" type="checkbox"/>
Date Spudded 3-28-78	Date Compl. Ready to Prod. 4-10-78		Total Depth 11,110		P.B.T.D. 10,151			
Elevations (DF, RKB, RT, GR, etc.) 3562 Gr.	Name of Producing Formation Canyon		Top Oil/Gas Pay 9820		Tubing Depth 9755			
Perforations 9820-22, 9826-32, 9840-47					Depth Casing Shoe 10,881			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	12 3/4		379		450			
11	8 5/8		3905		950			
7 7/8	4 1/2		10,881		750			
4	2 3/8		9755					

VI. TEST DATA AND REQUEST FOR ALLOWABLE (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)

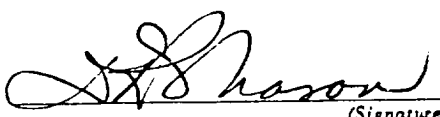
Date First New Oil Run To Tanks 4-10-78	Date of Test 4-19-78	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 90	Casing Pressure Pkr.	Choke Size 30/64
Actual Prod. During Test	Oil-Bbls. 20	Water-Bbls. 5	Gas-MCF 138

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

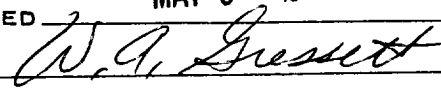
VI. CERTIFICATE OF COMPLIANCE

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.

  
(Signature) D. R. Mason  
Chief Clerk  
(Title)  
4-20-78  
(Date)

OIL CONSERVATION COMMISSION

MAY 8 1978

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY   
TITLE SUPERVISOR, DISTRICT II

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 completed wells.