NO. OF COPIES RECEIVED			
DISTRIBUTION	NEW MEXICO OIL O	CONSERVATION COMMISSION	Form C-104
SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C Effective 1-1-65
FILE /-		AND	
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL (RECEIVED
LAND OFFICE			RELEIVED
TRANSPORTER OIL /			
GAS /	 		DEC 1 3 1966
PRORATION OFFICE			
Operator Of Title			O. C. C.
DEPCO, Inc.			ARTESIA, OFFICE
Address			
Suite 204, First Na	ational Bank, Artesia, New	Mexico Other (Please explain)	
Reason(s) for filing (Check prope	r box) Change in Transporter cf:	Office (1 tease explains)	
Vew Well	Cil Dry G	as T	
Recompletion Change in Ownership		ensate	
Shange in Ownership			
change of ownership give na nd address of previous owner			
DESCRIPTION OF WELL A	ND LEASE		Kind of Lease
Lease Name	Lease No. Well No. Pool N	ame, Including Formation	, ,
State 647	217 Art	esia Queen Grayburg SA	State, Federal or Fee State
Location		ine and 330 Feet From	The West
	1600 Foot From The North !	ine and { { 	The RCJC
Unit Letter;	1650 Feet From The North L		
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VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

Actual Prod. Test-MCF/D

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.

Length of Test

Tubing Pressure

Original signed by J. M. Strader	
(Signature)	
District Engineer	
(Title)	
December 13, 1966	

(Date)

OIL CONSERVATION COMMISSION

Gravity of Condensate

Choke Size

APPROVED	DEC 1 4 1966	, 19
	Grissett	
BY W. C.	Grisser	

TITLE DIL AND GAS INSPECTOR

Bbls. Condensate/MMCF

Casing Pressure

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.