| NO. OF COPIES RECEIVED                              |              |                             |                |                   |                                       | Form C-193             |                                              |
|-----------------------------------------------------|--------------|-----------------------------|----------------|-------------------|---------------------------------------|------------------------|----------------------------------------------|
| DISTRIBUTION                                        |              |                             |                | f                 | RECEIV                                |                        | lld                                          |
| SANTA FE                                            | 1            | NEW MEXIC                   | O OIL CONS     | SERVATION C       | OMMISSION                             | Effective 1-1-         | 103                                          |
| FILE                                                | 1            |                             |                |                   |                                       | Ettactive 1-1-         | 85                                           |
| U.S.G.S.                                            |              |                             |                |                   | NOV 2 0 197                           | 4 Sa. Indicate Type    | of Lease                                     |
| LAND OFFICE                                         |              |                             |                |                   |                                       | State X                | Fee                                          |
| OPERATOR                                            | 120          |                             |                |                   |                                       | 5. State Oil & Ga      | <u></u>                                      |
|                                                     |              | J                           |                |                   | O. C. C.                              | l                      |                                              |
|                                                     | SUNDR        | Y NOTICES AND RE            | POPTS ON       | WELLS             | ARTESIA, DFFI                         |                        | 5138<br>CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC |
| (DO NOT USE THIS FO                                 | DRM FOR PRO  | POSALS TO DRILL OR TO DEE   | PEN OR PLUG I  | MELLO             | ENT MESERVOIR.                        |                        |                                              |
|                                                     |              |                             |                | A PROPOSALS.)     | <del></del>                           | 7. Unit Agreemen       | 7777777777                                   |
| OIL GAS                                             |              | OTHER-                      |                |                   |                                       |                        | . Hame                                       |
| 2. Name of Operator                                 |              |                             |                |                   |                                       | 8. Farm or Lease       | Name                                         |
| DEPCO, Inc                                          | . /          |                             |                |                   |                                       | 1                      |                                              |
| 3. Address of Operator                              |              |                             |                |                   |                                       | Malco St               | late.                                        |
| 800 Centra                                          | l, Odes      | ssa, Texas 797              | 61             |                   |                                       | _                      |                                              |
| 4. Location of Well                                 | <u> </u>     |                             | <del></del>    | <del></del>       |                                       | 10, Field and Poo      | ol or Wildage                                |
| D                                                   | C            | 60 FEET FROM THE            | North          |                   | 660                                   | i                      |                                              |
| UNIT LETTER                                         | — · — -      | FEET FROM THE               | NOT CIT        | LINE AND          | DOU FEET FRO                          | E. Millmar             | 1 Q-G                                        |
| West                                                |              | 23                          | ٦٥.            | 2                 | 0.0                                   |                        |                                              |
| THE                                                 | LINE, SECTIO | on towns                    | HIP            | RANGE             | NMP                                   |                        |                                              |
| mmmm                                                | mn           | TITLY IS Flowerteen (       | C1             | DE DE CD          | <del> </del>                          |                        | 7////////                                    |
|                                                     |              | 15. Elevation (S            |                | DF, RT, GR, et    | c.)                                   | 12. County             |                                              |
| 76.                                                 | 711111       | <del></del>                 | 420 GR         | ·····             |                                       | Eddy                   |                                              |
|                                                     | Check A      | Appropriate Box To          | Indicate N     | lature of Not     | ice, Report or O                      | ther Data              | -                                            |
| NOTE                                                | CE OF IN     | ITENTION TO:                |                | 1                 |                                       | T REPORT OF:           |                                              |
| _                                                   | _            |                             |                |                   |                                       |                        |                                              |
| PERFORM REMEDIAL WORK                               | ╛            | PLUG AND A                  | ABANDON .      | REMEDIAL WOR      | к 🗍                                   | ALTER                  | ING CASING                                   |
| TEMPORARILY ABANDON                                 | ]            |                             |                | COMMENCE DRI      | LLING OPNS.                           |                        | ND ABANDONMENT                               |
| PULL OR ALTER CASING                                | _]           | CHANGE PL                   | ANS            | CASING TEST A     | ADL THEMES ON                         |                        | " ABANOONMEN                                 |
|                                                     |              |                             |                |                   | Well Shu                              | t-in                   | 1                                            |
| OTHER                                               |              |                             |                |                   |                                       |                        | 1                                            |
| 15.0                                                | <del></del>  |                             |                |                   |                                       |                        |                                              |
| 17. Describe Proposed or Co<br>work) SEE RULE 1103. | mpleted Op   | erations (Clearly state all | pertinent deta | sils, and give pe | rtinent dates, includir               | ig estimated date of s | tarting any propo                            |
|                                                     |              |                             |                |                   |                                       |                        |                                              |
|                                                     |              |                             |                |                   |                                       |                        |                                              |
| Well shut-i                                         | in Dece      | mber, 1968, due             | e to hid       | nh water o        | oil ratio.                            |                        |                                              |
| Mett is Too                                         | cated i      | n an active wat             | terflood       | project           | thomofone                             | nood to mad            |                                              |
| bore for po                                         | ssible       | return to act               | ive proc       | lucina eta        | tue Proces                            | need to mai            | ntain wel                                    |
| estimate da                                         | ite of       | any future work             | rve prod       | dellig Sta        | itus. Presei                          | uting unable           | to                                           |
|                                                     |              | arry ructure work           | × •            |                   |                                       |                        |                                              |
|                                                     |              |                             |                |                   |                                       |                        |                                              |
|                                                     |              |                             |                | 5                 |                                       |                        |                                              |
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|                                                     |              |                             |                |                   |                                       |                        |                                              |
|                                                     | . ว          |                             |                |                   |                                       |                        |                                              |
| 18. I hereby certify that the                       | information  | above is true and complete  | to the best o  | f my knowledge    | and belief.                           |                        |                                              |
| - And                                               | 1            |                             |                | _                 |                                       |                        |                                              |
| SIGNED TO                                           | Kan          | on on                       |                | Chief Cl          | Lerk                                  |                        | 0.7/1                                        |
|                                                     |              |                             | TITLE          |                   | · · · · · · · · · · · · · · · · · · · | DATE 11-1              | 0-7+                                         |
| ),,                                                 | 0 11         | /                           |                |                   |                                       | NOV.                   | 9 5 1074                                     |
| APPROVED BY                                         | ( X)         | Tessa TX                    | OIL            | AND GAS INSI      | PFCTA <b>B</b>                        | NUV                    | 2 5 1974                                     |
| CONDITIONS -                                        |              | 12                          |                |                   |                                       | DATE                   |                                              |
| CONDITIONS OF APPROVA                               | L, IF ANY:   | Exercer 10-1                | ケフィ            |                   |                                       |                        |                                              |
|                                                     |              |                             |                |                   |                                       |                        |                                              |