NERGY AND MINERALS DEPARTMENT

	1460	
DISTRIBUTIO	ЭМ	
BANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
PROBATION OFFICE		

IVE	PO. OF COPICO OCCCUTED	OIL CONSERVA	TION DIVISIO	N			
	DISTRIBUTION	P. O. BO					
	BANTA FE	SANTA FE, NEW	MEXICO 87501				
	U.S.G.S.						
	LAND OFFICE	REQUEST FOR	RALLOWABLE				
TRANSPORTER GAS AND							
	OPERATOR AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
i .	PROBATION OFFICE						
	Operator This						
	DEPCO, Inc.				76	n	
	1000 Petroleum Building	- Denver, CO 80202			كا لا		
	Reason(s) for filing (Check proper box)		Other (Please	e explain)		<u>U</u>	
	New Well	Change in Transporter of:			1 1 38 3		
	Recompletion	Oil Dry Gai	• X	+ 1	LANDIV	,	
	Change in Ownership	Casinghead Gas Conden	sate			•	
					.454. 3		
	If change of ownership give name and address of previous owner						
1.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation	Kind of Lease		Lease No.	
	Lease Name			Simil, Federal	OEXEXENCY.	SF079162	
	Miles Federal	1A Otero Chacr	<u>a</u>	<u></u>		-1	
	Location	n - North	• and 1585	Feet From T	he West		
	Unit Letter F : 2300	O Feet From The North Line	• and 1303	Peet Flom 1			
	Tine of Section 5 Tow	mship 26N Range	7W , NMPN	A, Rio Ar	riba	County	
	Line of Section 5 Tow	2014					
7	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	.s				
1.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address	to which approve	ed copy of this form is	to be sent)	
					7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X	Address (Give address			84110	
	Northwest Pipeline Corp	•	P. O. Box 1526,			04110	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When				
	give location of tanks.		No	<u>_</u>			
	If this production is commingled wit	h that from any other lease or pool,	give commingling orde	r number:			
V.	COMPLETION DATA		New Well Workover	Deepen	Plug Back Same Re	s'v. Diff. Res'v.	
	Designate Type of Completio		X	1		į	
		Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	Date Spudded	7-28-82	4700' KB		4629 KB		
	4-23-82 Elevations (QF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
	6045' GR 6057' KB	Chacra	3066' KB		3128' KB		
	Perforations				Depth Casing Shoe		
	3070'-82'; 3145'-56'K				4685' KB		
		TUBING, CASING, AND	CEMENTING RECO	₹D	SACKE CE	MENT	
	HOLE SIZE	CASING & TUBING SIZE					
	12-1/4"	8-5/8"	312' KE		275	3-Stage)	
	7-7/8"	5-1/2"	4685' KF 3128' KF		625_1	3-Stage1	
		• 1-1/4"	3120 KI		<u> </u>		
			feer recovery of socal volu	of load all a	and must be equal to or	exceed top allow	
Ÿ.	TEST DATA AND REQUEST FO	OR ALLOWABLE Test must be a able for this de	epth or be for full 24 hour	·#)			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flor	w, pump, gas lif	t, etc.)		
	Date First New Cir Man 10 1 min		\				
	Length of Test	Tubing Pressure	Castog Pressure	-	Choke Size		
					Gas - MCF		
	Actual Prod. During Test	Oil-Bbis.	Water-Bbis.		Gds-MCF		
					<u> </u>		
	GAS WELL		Bbis. Condensate/MMC		Gravity of Condensat	•	
	Actual Prod. Test-MCF/D	Length of Test	Bale. Candenadie/ MMC	"	_		
	993	3 Hr. Tubing Pressure (Shut-in)	Casing Pressure (Shur	t-in)	Choke Size		
	Testing Method (pitot, back pr.)		987 ps		3/4"		
	В.Р.	987 psiq			ION DIVISION		
I.	CERTIFICATE OF COMPLIANCE	CE					
			AFFRUYEU		<u>983</u>		
	I hereby certify that the rules and t		Original Sine		. CSA 3 27		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			BY Original Signed by PEAREL 1. CSASEZ				
		TITLE SUPERVISOR DISTRICT # 3					
					compliance with RUL	E 1104.	
			11		for a newly fittl	led of deepens	
	Mr H. Och	Dust	If this is a rec	es pe accombe. frame to: milos	nied by a tabulation	of the deviation	

August 19, 1983

Orm S. Schubere
Production Superintendent-So. Rockies
(Title)

(Date)

well, this form must be accompanied by a tabulation of 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.