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U.S.G.S.	
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

I. Operator  
**DEPCO, Inc.**

Address  
**1000 Petroleum Building - Denver, CO 80202**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Miles Federal</b>	Lease No. <b>SF079162</b>	Well No. <b>1E</b>	Pool Name, including Formation <b>Basin Dakota</b>	Kind of Lease <del>XXXX</del> Federal <del>XXXX</del>
Location				
Unit Letter <b>N</b> ; <b>1670</b> Feet From The <b>West</b> Line and <b>900</b> Feet From The <b>South</b>				
Line of Section <b>5</b> Township <b>26N</b> Range <b>7W</b> , NMFM, <b>Rio Arriba</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Giant Refining Co.</b>	<b>P. O. Box 256, Farmington, NM 87401</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Gas Company of New Mexico</b>	<b>Box 1899, Bloomfield, NM 87413</b>
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When
	<b>N   5   26N   7W   No   -</b>

If this production 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 Res'v.	Diff. Res'v.
		X	X					
Date Spudded <b>4-29-82</b>	Date Compl. Ready to Prod. <b>8-12-82</b>	Total Depth <b>6825' KB</b>	P.B.T.D. <b>6737' KB</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>6032' GR 6044' KB</b>	Name of Producing Formation <b>Dakota</b>	Top Oil/Gas Pay <b>6580' KB</b>	Tubing Depth <b>6225' KB</b>					
Perforations <b>6584-94'; 6622-37'; 6654-60' KB</b>			Depth Casing Shoe <b>6803' KB</b>					
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
<b>12-1/4"</b>	<b>8-5/8"</b>		<b>475' KB</b>			<b>400 sx</b>		
<b>7-7/8"</b>	<b>5-1/2"</b>		<b>6803' KB</b>			<b>1510 sx (3-Stage)</b>		
	<b>1-1/2"</b>		<b>6625</b>					

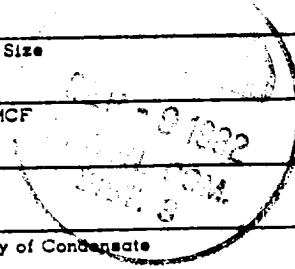
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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.)	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water-Bbls.	Gas-MCF
Actual Prod. During Test	Oil-Bbls.		

GAS WELL

Actual Prod. Test-MCF/D <b>1362</b>	Length of Test <b>3 Hr</b>	Bbls. Condensate/MMCF <b>0</b>	Gravity of Condensate <b>-</b>
Testing Method (pitot, back pr.) <b>Back Pr.</b>	Tubing Pressure <b>98 psi 2089</b>	Casing Pressure <b>-</b>	Choke Size <b>3/4"</b>



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.

*W. S. Schwenn*  
(Signature)

Production Superintendent - Southern Rockies  
(Title)

September 3, 1982  
(Date)

OIL CONSERVATION COMMISSION

APPROVED 9-16-82 **SEP 16 1982**, 19\_\_\_\_

BY Original Signed by FRANK T. CHAVEZ  
SUPERVISOR DISTRICT # 3

TITLE \_\_\_\_\_

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.