

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			

Operator

DEPCO, Inc.

DLFC
Address

1000 Petroleum Building - Denver, CO 80202

Reason(s) for filing (Check proper box)

New Well ☒

Change in Transporter of:

C11

Dry Gas

Casinghead Gas

Condensate

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE		W
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DESCRIPTION OF WELL AND LEASE			Lease No.
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Federal 6	32	Otero Chacra	State, Federal XXXX
Location			SF079162
Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u>			
Line of Section <u>6</u> Township <u>26N</u> Range <u>7W</u> , NMPM, <u>Rio Arriba</u> County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS ☐ or Condensate ☐

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
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)	
Gas Company of New Mexico					Box 1899, Bloomfield, NM 87413	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	-

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

7. COMPLETION DATA

If this production is commingled with that from any other lease or pool, give commingling details.									
7. 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	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
5-26-82	11-2-82			6812' KB			6768' KB		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
6031' KB	Chacra			3032' KB			3092' KB		
Perforations							Depth Casing Shoe		
3032'-42'; 3110'-14' KB							6808' KB		
TUBING, CASING, AND CEMENTING RECORD									
SACKS CEMENT									

TUBING, CASING, AND CEMENTING RECORD

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		484' KB	400
12-1/4"	8-5/8"	6808' KB	1610 (3 Stage)
7-7/8"	5-1/2"	3092' KB	
	1-1/4"		

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)

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	0	-
719	3 Hr	Casing Pressure (Shut-in)	Choke Size
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	991 psi	3/4"
Back Pressure	991 psi	OIL CONSERVATION DIVISION	

II. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)

Production Superintendent- Southern Rockies
(Title)

December 1, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

THIS form is to be filled 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. A report must be filed for each pool in multiple.

Separate F