

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|-----|
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| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PROBATION OFFICE | |

I. Operator
DEPCO, Inc.
Address
1000 Petroleum Building - Denver, CO 80202

Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-------------------------|----------------|--|---|-----------------------|
| Lease Name Federal 6 | Well No. 32 | Pool Name, including Formation Otero Chacra | Kind of Lease State Federal or Free XXXX XXXX | Lease No. SF079162 |
|-------------------------|----------------|--|---|-----------------------|

Location
Unit Letter G : 1650 Feet From The North Line and 1650 Feet From The East
Line of Section 6 Township 26N Range 7W, NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|--|----------------|
| 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) | |
| El Paso Natural Gas Company | P. O. Box 1492, El Paso, TX 79978 | |
| 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:

IV. COMPLETION DATA

| | | | | | | | | |
|--|---------------------------------------|----------|-----------------------------|----------|-------------------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res't. | Diff. Res't. |
| | | X | X | | | | | |
| Date Spudded 5-26-82 | Date Compl. Ready to Prod. 11-2-82 | | Total Depth 6812' KB | | P.B.T.D. 6788' KB | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6031' KB | Name of Producing Formation Chacra | | Top Oil/Gas Pay 3032' KB | | Tubing Depth 3092' KB | | | |
| Perforations 3032'-42'; 3110'-14' KB | | | | | Depth Casing Shoe 6808' KB | | | |

TUBING, CASING, AND CEMENTING RECORD

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

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)

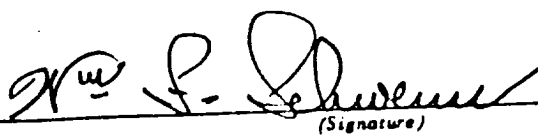
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| | | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| | | | |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |
| | | | |

GAS WELL

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

VI. 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)
April 21, 1983
(Date)

OIL CONSERVATION DIVISION
APR 25 1983
APPROVED
Original Signed by FRANK T. CHAVEZ
BY
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 deepen 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 all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multiple well.