NO. OF COPIES RECEIVED	:				
DISTRIBUTION	5				
SANTA FE	1				
FILE	1	L			
U.S.G.S.	-				
LAND OFFICE					
IRANSPORTER OIL					
GAS	1				
OPERATOR	2				
PRORATION OFFICE					
Operator					
Depco Inc.					
Address					
825 Petroleum C					
Reason(s) for filing (Check	proper	box			

-	SANTA FE /		OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65			
	FILE		AND				
-	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GA	.5			
-	LAND OFFICE						
	TRANSPORTER GAS /						
	OPERATOR 2						
1.	PRORATION OFFICE						
	Depco Inc.						
1	ditesa						
	825 Petroleum Cli	825 Petroleum Club Building, Denver, Colorado 80202					
Reason(s) for filing (Check proper box) Change in Transporter of:							
İ	New Well						
	Recompletion	Oil Dry Gas Casinghead Gas Condense	nte				
ì	Change in OwnershipX	· ·					
	hange of ownership give name International Oil & Gas Corporation, 825 Petroleum Club Building,						
	and address of previous owner	enver, Colorado 80202					
II.	DESCRIPTION OF WELL AND L	EASE	e, Including Formation	Kina of Lease			
	Lease Name	. —	(utz - P.C.	State, Federal or FeeFederal			
	Hancock	2F 0/3TT0 0 Me3C 1	(dt2 - 1:0:				
Location Line and 990 Feet From The West Line and 990 Feet From The West							
	Unit Letter;;		_	_			
	Line of Section 11 Town	nship 27N Range]	L2W , NMPM, San	Juan County			
		THE STATE OF THE S					
III.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which approve	ed copy of this form is to be sent)			
	Name of Admontage Transporter of our						
	Name of Authorized Transporter of Cas.	inghead Gas or Dry Gas 💢	Address (Give address to which approved the Country Union Tower B	ed copy of this form is to be sent) uilding,			
	Southern Union G	as Co.	1507 Pacific Ave., Dal is gas actually connected? When	las, Texas			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Yes	11-16-52			
	give location of tanks.						
		h that from any other lease or pool, g	ive commingling order number:				
IV.	COMPLETION DATA	Oil Weil Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.			
	Designate Type of Completio			P.B.T.D.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B. 1.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Elevations (DF, ARB, A1, GR, etc.)						
	Perforations			Depth Casing Shoe			
	TUBING, CASING, AND CEMENTING RECORD						
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	HOLE SIZE	CASING & TOBING SIZE					
				i and be expel to or exceed ton allows			
V	TEST DATA AND REQUEST FOR ALLOWABLE (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)						
	OII. WELL Date First New Oil Run To Tanks	OIL WELL					
	Date First New Cir Itali 10 1			Light-ha Sign			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
			Water-Bbls.	Gas - NCS			
	Actual Prod. During Test	Oil-Bbls.	,,,die	ZEL FIVED			
			<u> </u>	Krari			
	GAS WELL			1966			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	gravity Chenedie			
			Casing Pressure	Characte Con. Con.			
	Testing Method (pitot, back pr.)	Tubing Pressure	Cdaing Pressure	Dia			
			OIL CONSERV	ATION COMMISSION			
V	CERTIFICATE OF COMPLIANCE		11				
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED JUN 6 1966 , 19					
	I hereby certify that the rules and regulations of the information given Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Original Signed by Emery C. Arnold				
above is true and complete to the best of my knowledge and		e best of my knowledge and belief.	SUPERVISOR DIST. #3				
	- 1 les	4.		compliance with RULE 1104.			
12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<i>"</i>	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 well, this form must be accompanied by a tabulation of the deviation				
	Dist. Prod. Sup	rature)		ordance with RULE 111. ust be filled out completely for allow			
	/ / D-c+ Prod (/sub	L.	All sections of this form mable on new and recompleted w	MRI De ITITAG OUI COMPTETETÀ TO: ETTOM			

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.