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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  
**1025 Petroleum Club 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	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
<b>Mudge "A"</b>	<b>SF078895</b>	<b>8</b>	<b>West Kutz Pictured Cliffs</b>	<b>Federal</b>
Location: Unit Letter <b>D</b> ; <b>990</b> Feet From The <b>North</b> Line and <b>990</b> Feet From The <b>West</b> Line of Section <b>6</b> Township <b>27N</b> Range <b>11W</b> , NMPM, <b>San Juan</b> 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)	
<b>Gas Company of New Mexico</b>	<b>First International Bldg-Dallas, TX 75270</b>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	<b>7</b>	<b>25</b>
	<b>52</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 Rest'v.	Diff. Rest'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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)

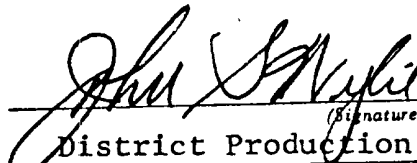
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

  
(Signature)  
**District Production Superintendent**  
(Title)  
**November 3, 1976**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **ORIGINAL**  
FILE NO. **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.

*Perm*

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
WILDCAT SURVEY

UNDRIY NAMES AND REPORTS ON WELLS

Use this form for each well. If the well is shut-in, use the back of this form. Use the back of this form for each well.

Well No. 11  
Location 11  
Section 6  
T. 27N R. 11W  
County San Juan  
State NM  
API No. ---  
Elevations (Show DF, KDB, and WD)  
6053' GR

5. LEASE SF078895	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---	
7. UNIT AGREEMENT NAME ---	
8. FARM OR LEASE NAME Mudge "A"	
9. WELL NO. 8	
10. FIELD OR WILDCAT NAME W. Kutz P.C.	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6-T27N-R11W	
12. COUNTY OR PARISH San Juan	13. STATE NM
14. API NO. ---	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 6053' GR	

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

Give all pertinent details, and give pertinent dates, for all operations performed on this well. If the well is directionally drilled, give subsurface locations and directions to this work.\*

Give the current shut-in status for this well and the reasons:

The well is shut-in because of the current shut-in status for the well. The well is shut-in because of the current shut-in status for the well. The well is shut-in because of the current shut-in status for the well.

tain because 18 Pic-  
wnship by DEPCO, Inc.  
to gathering line  
as purchaser

*10 or P&A work beginning by  
must be approved prior to*

Set @ \_\_\_\_\_ Ft.

So. DATE April 21, 1982  
Rockies

(see use)

DATE

**APPROVED**

APR 29 1982

JAMES F. SIMS  
DISTRICT ENGINEER

AS AMENDED

*NMDCP*

