		the second second	
NO. OF COPIES RECEIVED			
	4	CONTRACTOR CONTRACTOR	Form C -104
DISTRIBUTION		OUSERVATION COMMISSION	Supersedes Old C-104 and C-1.
SANTA FE	REQUEST	FOR ALLOWABLE	Effective 1-1-65
FILE		AND	5 A C
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (RECEIVED
LAND OFFICE	_		D
FRANSPORTER GAS			JUN 1 1966
OPERATO			JUN 1 1966
PRORATION OFFICE	V	DEPCO, Inc.	O. C. C.
Operator		Suite 204	ARTESIA, OFFICE
Address	OZ Autoria Novido	First National Bank Building	
P. 0. Box 4		Artesia, New Mexico 88210 Other (Please explain)	
Reason(s) for filing (Check proper box		Office (1 rease explain)	
New Well	Change in Transporter of:		
Hecompletion	Oil Dry Go		
Change in Ownership X	Casinghead Gas Conde	nsute	
	T TO A CITO		27, Artesia, New Mexico
DESCRIPTION OF WELL AND	Wett Work Boot We	ame, Including Formation	Kind of Lease
	4 Gravhi	irg Jackson Queen Grbg S	A State, Federal or Fee Federal
Leonard Federa	1 41 414 450		
	990 Feet From The North Li	naumi 990 Feat From	The West
Unit Letter D i		_	ddy County
Line o: Section 33 , To	wnship 17 Range	29 , NMPM, <u>E</u>	duy
PERCENTATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS	
Name of Authorized Transporter of O	1 X or Condensate	Address (Give address to which appr	oved copy of this form is to be sent;
		Midland, Texas	
Texas New Mex! Mame of Pathorized Transporter of Co	co Pipe Line Company	Address (Give address to which appr	oved copy of this form is to be sent)
		Artesia, New M	lex ic o
Valley Gas Cor	Unit Sec. Twp. Age.		hen
If well produces oil or liquids,	F 33 17 29	Yes	January, 1959
give locat on of tanks.	<u> </u>		
If this pro luction is commingled w	ith that from any other lease or pool	, give comminging order number.	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Read
Designate Type of Complet			
		Total Depth	P.B.T.D.
Date Spud led	Date Compl. Ready to Prod.	.ctdr boptii	
		To Cit Car Day	Tubing Depth
Pool	Name of Producing Formation	Top Cil/Gas Pay	- I daying Dopin
			Depth Casing Shoe
Perforations			Depth Cashig shoe
	TUBING, CASING, AN	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
1022 3122			
	TOP ALLOWADEE /Tour mysels	after recovery of total volume of load o	il and must be equal to or exceed top all.
V. TEST DATA AND REQUEST	TUR ALLOWADER (1 est mast be able for this	depth or be for full 24 hours)	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
Date rist New Oil Adn 10 lanks	,		
	Tubing Pressure	Casing Pressure	Choke Size
Length of Test	. dbing		
	Oil-Bbls	Water-Bbls.	Gas-MCF
Actual Prod. During Test	Oil-Bbls.		
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	pois. Condensate/MMCF	
			Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke bine

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 Engineer

(Date)

MAY 2 7 1966 (Title) OIL CONSERVATION COMMISSION JUN 1 0 1966

APPROVED OR ASS SAR INSPECTOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepens 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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.