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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		
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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

RECEIVED

Operator		JUN 10 1977	
DEPCO, Inc.			
Address		O.C.C.	
800 Central, Odessa, Texas 79761		ARTESIA, O.C.C.	
Reason(s) for filing (Check proper box)			
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Conoco State Gen.	1	Wildcat Cisco	State, Federal or Fee State	E4200
Location				
Unit Letter	K	1980 Feet From The	South Line and	1650 Feet From The
				West
Line of Section	15	Township	17S	Range
				29E, NMPM, Eddy County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Navajo Crude Oil Purch. Co.	Box 175, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Transwestern Pipeline Co.	Suite 614, 1 st Nat'l Bank, Odessa, Texas 79760	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	K	15
		17
		29
Is gas actually connected?	When	
Yes	10-2-75	

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

V. 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		X
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
5-19-77	6-2-77	11,110	8912					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3562 GR.	Cisco	8768	8740					
Perforations			Depth Casing Shoe					
8768-87								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	12 3/4	379	450 sx.					
11	8 5/8	3905	950 sx.					
7 7/8	4 1/2	10,881	750 sx.					
4	2 3/8	8,740						

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.)	
6-2-77	6-6-77	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	600	Packer	20/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
324 BTFPD	244	151	739

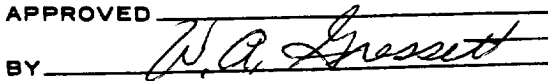
GAS WELL

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


D. R. Mason
(Signature)
Chief Clerk
(Title)
6-8-77
(Date)

OIL CONSERVATION COMMISSION
JUN 13 1977
APPROVED _____, 19____
BY 
SUPERVISOR, DISTRICT II
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.