

NAME OF WELL: \_\_\_\_\_  
 DISTRICT: \_\_\_\_\_  
 COUNTY: \_\_\_\_\_  
 FIELD: \_\_\_\_\_  
 U.S.G.S. LAND OFFICE: \_\_\_\_\_  
 TRANSPORTER:  OIL  GAS  
 OPERATOR: \_\_\_\_\_  
 PRODUCTION OFFICE: \_\_\_\_\_

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**RECEIVED**  
 JUN 20 1969  
 O. O. O.  
 ARTESIA OFFICE

OPERATOR: DEPCO, Inc.  
 ADDRESS: 600 Central, Odessa, Texas 79760  
 REASON(S) FOR TESTING (Check proper box):  
 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**

Lessee Name: \_\_\_\_\_ Well No.: \_\_\_\_\_ Pool Name, including Formation: \_\_\_\_\_ Kind of Lease: \_\_\_\_\_  
State 647 AC 732 205 Artesia Queen Grayling SA State, Federal or Other: \_\_\_\_\_  
 Location:  
 Unit Letter: A Feet From The North Line and 990 Feet From \_\_\_\_\_  
 Line of Section: 33 Township: 18 Range: 09 NMPM, \_\_\_\_\_

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil  or Condensate  Address: (Give address to which approved copies of this report should be sent)  
Navajo Refining Company, Pipe Line Division Artesia, New Mexico  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas  Address: (Give address to which approved copies of this report should be sent)  
Phillips Petroleum Company Odessa, Texas  

Unit	Sec.	Twp.	Rge.	Is this unit connected?	When
G	33	18	28	Yes	

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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	_____		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	_____		
Perforations	_____				

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET

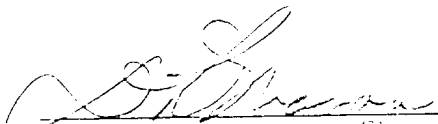
**V. TEST DATA AND REQUEST FOR ALLOWABLE**

(Test must be after recovery of total volume of test oil and gas or equivalent of test oil and gas available for this depth or oil for full 24 hours)

OIL WELL		GAS WELL	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, and lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Chart No.
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Chart No.
GAS WELL		GAS WELL	
Actual Prod. (MCF/D)	Length of Test	Bbls. Condensate/MCF	Chart No.
Testing Method (Pilot, back prod.)	Tubing Pressure (24hr-12)	Casing Pressure (24hr-12)	Chart No.

**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)  
 Chief Production Clerk  
 (Title)  
 June 20, 1969  
 (Date)

OIL CONSERVATION COMMISSION

JUN 20 1969

APPROVED: \_\_\_\_\_  
 BY: \_\_\_\_\_  
 TITLE: \_\_\_\_\_

This form is to be filed in accordance with the rules and regulations of the Oil Conservation Commission.  
 If this is a recompletion or deepening of an existing well, this form must be filed immediately after the tests taken on the well in accordance with the rules and regulations of this Commission.  
 All sections of this form must be filled out for all new and recompleted wells.  
 Fill out only Section I and II for existing wells.  
 Well name or number, or transporter or other identification number.  
 Separate Forms O-104 must be filed for all recompletions and deepenings.