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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

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APR 22 1977

Operator DEPCO, Inc.		O. C. C. ARTESIA, OFFICE	
Address 800 Central, Odessa, Texas 79761			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
		Casinghead Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>
If change of ownership give name and address of previous owner			

II. DESCRIPTION OF WELL AND LEASE

Lease Name Midwest Federal	Well No. 1	Pool Name, including Formation Sand Ranch Atoka Gas	Kind of Lease State, Federal or Fee Federal	Lease No. NM 0477614
Location Unit Letter 0 ; 660 Feet From The South Line and 1980 Feet From The East Line of Section 23 Township 10S Range 29E , N.M., Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing Co.	Box 175, Artesia, New Mexico 88210					
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)					
El Paso Natural Gas Co.	Box 1384, Jal, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 23	Twp. 10	Rge. 29	Is gas actually connected? Yes	When 4-22-77

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					
Date Spudded 12-23-73	Date Compl. Ready to Prod. 9-5-74		Total Depth 9461		P.B.T.D. 9325			
Elevations (DF, RKB, RT, GR, etc.) 3964.45 GR	Name of Producing Formation Atoka		Top Oil/Gas Pay 9277		Tubing Depth 9157			
Perforations 9277-9305					Depth Casing Shoe 9461			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
16"	12 3/4"		350		425			
11"	8 5/8"		2861		300			
7 7/8"	4 1/2"		9461		600			
	2 3/8"		9157					

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/MCF	Gravity of Condensate
171	4 hrs.	3	54.6
Tubing Method (if flow, back pr.)	Tubing Pressure (oil, gas)	Casing Pressure (oil, gas)	Choke Size
Back Press	2131	Packer	12/64

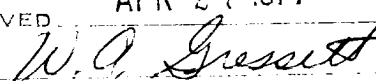
VI. CERTIFICATE OF COMPLIANCE

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
Chief Prod. Clerk
(Title)
4-20-77
(Date)

OIL CONSERVATION COMMISSION

APR 27 1977

APPROVED: _____, 19____
BY: 
TITLE: SUPERVISOR, DISTRICT II

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 to deepening or other such change of condition.

Supplemental Form C-104 must be filed for each pool in a multiple completion well.