

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
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

RECEIVED

APR 14 1980

Operator DEPCO, Inc.		O. C. D.	
Address 800 Central, Odessa, Texas 79761		ARTESIA, OFFICE	
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"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

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

DESCRIPTION OF WELL AND LEASE

Lease Name Sundance, Fed	Well No. 1	Pool Name, Including Formation Lone Wolf-Atoka Gas	Kind of Lease State, Federal or Fee Fed.	Lease No. 13632
Location Unit Letter J ; 1980 Feet From The East Line and 1980 Feet From The South Line of Section 25 Township 12S Range 29E , NMPM, Chaves County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Crude Oil Purch Co.	Address (Give address to which approved copy of this form is to be sent) Box 175, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Tuco, Inc.	Address (Give address to which approved copy of this form is to be sent) 1 Houston Center, Ste-1000, Houston, Texas 77002					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 25	Twp. 12	Rge. 29	Is gas actually connected? yes	When 4-12-80

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
		X	X					
Date Spudded 3-16-78	Date Compl. Ready to Prod. 6-16-78	Total Depth 9523	P.B.T.D. 9262					
Elevations (DF, RKB, RT, GR, etc.) 3812.6 Gr.	Name of Producing Formation Atoka	Top Oil/Gas Pay 8886	Tubing Depth 8812					
Perforations 8886-98 W/2 -.37" SPF			Depth Casing Shoe 9304					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		300		400			
11	8 5/8		2401		500			
7 7/8	4 1/2		9304		900			

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)

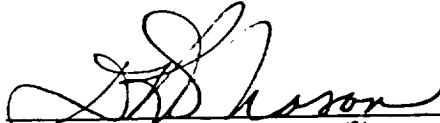
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 163	Length of Test 5 hr.	Bbls. Condensate/MMCF 4	Gravity of Condensate N.-A.
Testing Method (pitot, back pr.) Back Pr.	Tubing Pressure (shut-in) 2000	Casing Pressure (Shut-in) Pkr.	Choke Size 4/64-13/64

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 Clerk	
4-11-80	

OIL CONSERVATION COMMISSION

APPROVED APR 15 1980	19
BY W. A. Gussitt	
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 transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.