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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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SEP 12 1979

O. C. C.
ARTESIA, OFFICE

Operator DEPCO, Inc.	
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"/> 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Exxon Federal Com.	Well No. 1	Pool Name, Including Formation Sand Ranch Atoka ^{Morrow Gas}	Kind of Lease State, Federal or Fee Federal	Lease No. 12269
Location Unit Letter <u>E</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>24</u> Township <u>10S</u> Range <u>29E</u> , NMPM, <u>Chaves</u> 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"/> 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"/> El Paso Natural Gas. Co.	Address (Give address to which approved copy of this form is to be sent) Box 1384, Jal, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 24
	Twp. 10S	Rge. 29E
	Is gas actually connected? <u>yes</u>	
	When <u>first delivery 1-8-82</u> <u>11-21-79</u>	

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	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 4-15-79	Date Compl. Ready to Prod. 6-26-79		Total Depth 9950		P.B.T.D. 9950			
Elevations (DF, RKB, RT, GR, etc.) 3983.5	Name of Producing Formation Atoka		Top Oil/Gas Pay 9284		Tubing Depth 9206			
Perforations 9284-98, 9356-58, 9360-63, 9380-82 (2 SPF)					Depth Casing Shoe 9950			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		353		350			
11	8 5/8		2772		1200			
7 7/8	4 1/2		9950		1525			

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 AOF 750	Length of Test 4 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pitot, back pr.) Back Press.	Tubing Pressure (shut-in) 1809	Casing Pressure (Shut-in) Pkr.	Choke Size 4/64 - 9/64

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
(Signature)

Chief Clerk

(Title)

9-11-79

(Date)

OIL CONSERVATION COMMISSION

APR 30 1980

APPROVED _____, 19____

BY W.A. Gressett

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.