_					
	NO. OF COPIES RECEIVED				
	DISTRIBUTION		SERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110	
Γ	SANTA FE	REQUEST FO	OR ALLOWABLE		
ł	FILE		AND	RECEIVED BY	
ŀ	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL	GAS	
		AUTHORIZATION TO THEM.		OCT 19 1983	
ļ	LAND OFFICE			001 13 1303	
	IRANSPORTER				
	GAS V			O. C. D.	
l	OPERATOR			ARTESIA, OFFICE	
. 1	PRORATION OFFICE				
Ι.	Operator				
	DEPCO, INC.				
		m 707(1			
	800 Central, Odessa,		Other (Please explain)		
	Reason(s) for filing (Check proper box)	Ide .	Since (1 tobbe safety)		
	New We!!	Change in Transporter of:			
	Recompletion	Oil Dry Gas			
	Change in Ownership	Casinghead Gas Condens	ate 🔼		
	If change of ownership give name				
	and address of previous owner				
11.	DESCRIPTION OF WELL AND L	Well No.; Pool Name, Including For	mation Kind of Le	ease Lease No.	
	Lease Name		State Fed	eral or Fee Federal NM 15289	
	Benedict Federal Com.	1 Pecos Slope	es Abo	FederalNM1209	
	660	Feet From The <u>North</u> Line	and 1980 Feet Fro	om TheWest	
	Unit Letter <u>C</u> ; <u>660</u>	I eet i tom i ne <u></u> Eme			
	Line of Section 18 Township 5-S Range 25-E , NMPM, Chaves County				
	Line of Section 18 Tow	nship <u>J-S</u> Range <u>Z</u>			
Ш.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which ap	proved copy of this form is to be sent)	
	Name of Authorized Transporter of Oil	or Condensate			
	Navajo Crude Qil Purcl	hasing Company	Box 175, Artesia, N	ew Mexico 88210 proved copy of this form is to be sent)	
	Name of Authorized Transporter of Cas	inghead Gas 🔂 👘 or Dry Gas 🔀		1	
			Suite 614, 1st Nat'	<u>1 Bank, Odessa, Texas 79760</u>	
	Transwestern Pipeline	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
	If well produces oil or liquids,	is, 1.25.83			
	give location of tanks.	give location of tanks.			
	If this production is commingled wit	If this production is commingled with that from any other lease or pool, give commingling order number:			
IV	COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'y.				
		On wen just			
	<b>Designate Type of Completio</b>	$\mathbf{H} = (\mathbf{X})$	X	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		
		11-5-82	4250'	4190'	
	10-11-82 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
	· · · · · · · · · · · · · · · · · · ·	Abo	3746'	3670'	
	3914 GR	Abo		Depth Casing Shoe	
	Perforations	- <sup>-</sup> -		4250'	
	3746-3895' 21 .44"	holes	CEMENTING RECORD		
			DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE		765 sx. Circ. 75 sx.	
	14 3/4"	10 3/4"	975'		
	7 7/8"	4 1/2"	4249'	1425 sxs. Circ. 55 sx.	
	1 110	2 3/8"	3670'		
		OD ALLOWARTE (Test must be a	fer recovery of total volume of load	i oil and must be equal to or exceed top allow-	
V	. TEST DATA AND REQUEST F	UK ALLUWADLE (rest must be a) able for this de	oth or be for full 24 nours		
	OIL WELL	Date of Test	Producing Method (Flow, pump, g	as lift, etc.)	
	Date First New Oil Run To Tanks	Date of 1986			
			Casing Pressure	Choke Size	
	Length of Test	Tubing Pressure			
			Water-Bbls.	Gas-MCF	
	Actual Prod. During Test	Oil-Bbis.		$\checkmark$	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
		4 hrs.	0	0	
	1132	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)		950 BHP	12-19.5/64	
	Back Pr.	858		RVATION COMMISSION	
v	I. CERTIFICATE OF COMPLIANCE				
•			ABBROVED OCT 21 1983		
	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.		APPROVEDOriginal Signed By		
			BYleslie A. Clements		
			BYSupervisor District II		
	<u>^</u>		14		
	$\rho \downarrow \wedge$		This form is to be filed in compliance with RULE 1104.		
	(Signature) R. L. Denney		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.		
	(Signature)		tests taken on the west in	tests taken on the well in accordance with notal total	
	Chief Production Clerk		All sections of this form must be filled out completely for allow able on new and recompleted wells.		
	(Title)			If and VI for changes of owner	
	10-17-83		I wall name or number, or trail	naporter, or other autor of a	
	(Date)		Separate Forma C-104	must be filed for each pool in multiply	
			completed wells.		