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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
RECEIVED BY OCT 19 1983
C. C. D. 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 checked="" type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rose Federal Com.	Well No. 13	Pool Name, Including Formation Pecos Slope Abo	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West				
Line of Section 21 Township 5-S Range 25-E , NMPM, 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"/> Navajo Crude Oil purchasing 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"/> Transwestern Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Suite 614, 1st. Nat'l Bank, Odessa, Texas 79760	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 21
	Twp. 5	Rge. 25
	Is gas actually connected? Yes	When 10-7-83

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 6-14-83	Date Compl. Ready to Prod. 7-2-83	Total Depth 4140'		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) 3795' GR	Name of Producing Formation Abo	Top Oil/Gas Pay 3721		Tubing Depth 3638				
Perforations 3721-3889' 35 -.41" holes				Depth Casing Shoe 4259				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
22"	16"	56'		110 sxs.				
14 3/4"	10 3/4"	1013'		650 sxs. Circ. 100 sx				
7 7/8"	4 1/2"	4259'		1300 sx Circ. 48 sxs				
	2 3/8"	3638'						

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 1020	Length of Test 4 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pitot, back pr.) Back pr.	Tubing Pressure (Shut-in) 951#	Casing Pressure (Shut-in) 1083 BHP	Choke Size 8-17/64

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.

R. L. Denney  
(Signature)

Chief Production Clerk  
(Title)

10-17-83  
(Date)

OIL CONSERVATION COMMISSION

OCT 21 1983

APPROVED \_\_\_\_\_, 19

BY \_\_\_\_\_  
Leslie A. Clements

Supervisor District II

TITLE \_\_\_\_\_

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.