ND. OF COPIES RECEIVED				
DISTRIBUTION SANTA FE		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110	
FILE VV		AND	Effective 1-1-65	
LAND OFFICE				
TRANSPORTER GAS				
OPERATOR V PRORATION OFFICE				
	No. t. It/	the presence	4	
DEPCO, Inc. Address	Mounter, 11.1.	I have permit		
800 Central, Odess Reason(s) for filing (Check proper box	sa, Texas-79761 / ///	Other (Please explain) FF	fective: 2-1-83	
New Well	Change in Transporter of:	Change in operat		
Recompletion Change in Ownership	Oil Dry Go Casinghead Gas Conder		s Petroleum corporation	
If change of ownership give name and address of previous owner	Depos Luce	P.O. Box 1936,	Roswell, New Mexico 8820	
I. DESCRIPTION OF WELL AND	LEASE		. <u> </u>	
Lease Name	Well No. Pool Name, Including F	State Federa		
Brotar Com.	I Buffalo Vall			
Unit Letter <u>D</u> ; <u>990</u>)Feet From The <u>North</u> Lin	ne and <u>990</u> Feet From 7	The <u>West</u>	
Line of Section 20 T	ownship 55 Range	28Е , ммрм, С	haves County	
I. DESIGNATION OF TRANSPOL Name of Authorized Transporter of O	RTER OF OIL AND NATURAL GA	AS Address (Give address to which appro	ved copy of this form is to be sent)	
Marian Grude Cil	سيو ، ب	Address (Give address to which appro	ind conviol this form is to be sent)	
Name of Authorized Transporter of C	asinghead Gas 📋 or Dry Gas 🔀	4001 Carlinger 2.1	7	
If well produces oil or liquids,	Unit Sec. Twp. Fige.	Is gas actually connected? When		
give location of tanks.	with that from any other lease or pool,			
V. COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Complet			P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1.D.	
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load oil	l and must be equal to or exceed top allow-	
OIL WELL Date First New Oil Run To Tanks	able for this of Date of Test	depth or be for full 24 hours) Producing Method (Flow, pump, gas l	ift, etc.)	
	Tubing Pressure	Casing Pressure	Choke Size	
Length of Test	I aping Pressure		- Aug 1105	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
GAS WELL Actual Prod. Tost-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI. CERTIFICATE OF COMPLIA	ANCE		ATION COMMISSION	
	nd regulations of the Oil Conservatio	APPROVED JAN 2 6 199	3, 19	
a traine have been complie	d with and that the information give the best of my knowledge and belief	n F. BY <u>Leske A. Clement</u> Supervise: District	S	
γ , \wedge				
Al Dom	R.L. Denney	If this is a request for all	a compliance with RULE 1104. owable for a newly drilled or deepened	
•	ignature)	well, this form must be accomp tests taken on the well in acc	panied by a tabulation of the deviation ordance with RULE 111.	
Chief Production Clerk (Title)		able on new and recompleted	All sections of this form must be filled out completely for allow- able on new and recompleted wells.	
(1.1.1.) (Date)		Fill out only Sections I, well name or number, or transpo	II, III, and VI for changes of owner, orten or other such change of condition. ist be filed for each pool in multiply	
		completed wells.		