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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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 **RECEIVED**

FEB 10 1982

O. 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 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"/>
Convert from injector to Producer	

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Artesia, Unit	Well No. 4	Pool Name, Including Formation Artesia, Q, Gry, SA	Kind of Lease State, Federal or Fee State	Lease No. 647
Location Unit Letter 0 ; 330 Feet From The South Line and 2310 Feet From The East Line of Section 26 Township 17s Range 28e , NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Navajo Crude Oil Purchasers	N. Freeman Ave. Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum corp.	4001 Penbrook, Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 26
	Twp. 17s	Rge. 28e
	Is gas actually connected? Yes	
	When November 1967	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X			X			X	
Date Spudded 1-5-61	Date Compl. Ready to Prod. 8-25-81		Total Depth 2200		P.B.T.D. 2196			
Elevations (DF, RKB, RT, CR, etc.) 3683 KB	Name of Producing Formation Grayburg		Top Oil/Gas Pay 2161		Tubing Depth 2179			
Perforations 2162-70					Depth Casing Shoe 2196			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9 5/8"	7"		605		75 sx.			
6 1/4"	4 1/2"		2196		125 sx.			
	2 3/8"		2179					

VI. 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)

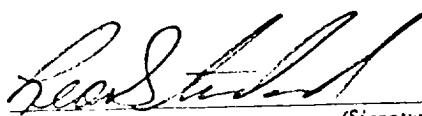
Date First New Oil Run To Tanks 12-27-81	Date of Test 12-28-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr.	Tubing Pressure 30	Casing Pressure 20	Choke Size
Actual Prod. During Test 215	Oil-Bbls. 1 bbl.	Water-Bbls. 214 bbls.	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-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 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.

  
Leon Standard  
(Signature)

Field Engineer  
(Title)

2-5-82  
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 12 1982, 19  
BY W. A. Gussert  
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.