	Data dispution		ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
	U.S.G.S.  LAND OFFICE  IBANSPORTER OIL	AUTHORIZATION TO TRA	REBEIVED	GAS	
7	CPERATOR 2	MAR 18 1374			
4.	DEPCO, Inc.		D. C. U.		
	SOU Central, Odessa, Texas 79761				
	Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain) Change lease na	ame & well No. from	
	Recompletion  Change in Ownership	OII Dry Gas Casinghead Gas Conden	s Ramapo A #1	one o well not lion	
	If change of ownership give name and address of previous owner				
	DESCRIPTION OF WELL AND LEASE				
•••	Lease Name	Well No. Pool Name, Including Fo			
	Northwest Artesia Uni	it 7 Artesia Qn. (	GDg. SA State, Federa	State B 2071	
	Unit Letter I ; 23	S10 Feet From The South Lin	e and 660 Feet From	The East	
	Line of Section 32 Tow	mship 17S Range	28e , NMPM, Eddy	y County	
III.	DESIGNATION OF TRANSPORT		Address (Give address to which appro	ved copy of this form is to be sent)	
	Navajo Refining Co. I		Artesia, New Mexico Address (Give address to which appro	yed copy of this form is to be sent)	
	Phillips This Phillips	Of DI) Gus	Odessa, Texas	, , , , , , , , , , , , , , , , , , ,	
	If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.	Is gas actually connected? Wh	en	
IV	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:		
14.	Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.;	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
	<u> </u>	TUBING, CASING, AND	D CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
v	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow	
	OIL WEIL  able 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	
	<u></u>	1			
	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	
V	. CERTIFICATE OF COMPLIAN	CE	MAR ON SERVY	ATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED 19 19		
	above is true and complete to the best of my knowledge and belief.		BY NO CAS INSPECTANT		
			TITLE OIL AND GAS INSPE		
,	D. R. Mason		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened		
	(Signature) Chief Clerk		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		

3-14-74

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Soft Whatest	D. R. Mason
(Signature) Chief Clerk	
(Title)	

(Date)

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.