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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

JUN 1 1966

O. C. C.
ARTESIA, OFFICE

I.

Operator DEPCO, Inc.
Suite 204
First National Bank Building
Artesia, New Mexico 88210

Address P. O. Box 427, Artesia, New Mexico

Reason(s) for filing (Check proper box)

New Well ☐   Change in Transporter of: Oil ☐   Dry Gas ☐   Other (Please explain)
Recompletion ☐
Change in Ownership ☒   Casinghead Gas ☐   Condensate ☐

If change of ownership give name and address of previous owner ___International-Yates, P. O. Box 427, Artesia, New Mexico___

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
State 647		134	Artesia Queen Grayburg SA	State, Federal or Fee State

Location

Unit Letter ___I___ ; ___1980___ Feet From The ___South___ Line and ___660___ Feet From The ___East___

Line of Section ___34___ Township ___17___ Range ___28___ , NMPM, ___Eddy___ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

___Continental Pipe Line Company___   Address (Give address to which approved copy of this form is to be sent) ___Artesia, New Mexico___

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐

___Phillips Petroleum Corporation___   Address (Give address to which approved copy of this form is to be sent) ___Odessa, Texas___

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	34	17	28	Yes	September, 1960

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.

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
			Depth Casing Shoe

Perforations			

TUBING, CASING, AND 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 and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

(signature)
_____
(Signature)

District Engineer
(Title)

MAY 2 7 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 9, 1966** , 19___

BY _M L Armstrong_

OIL AND GAS INSPECTOR

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...