NO. OF COPIES REC	EIVED	6	
DISTRIBUTION			
SANTA FE		Z	
FILE	/-		
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
TRANSFORTER	GAS		
OPERATOR		2	
PRORATION OF			
Operator			

## NEW MEXICO OIL CONSERVATION COMMISSION

	SANTA FE		REQUEST FOR ALLOWABLE Supersedes Old								s Old (	C-104 and C-11		
-	FILE	AND							Effective 1-1-65					
ŀ	U.S.G.S.			AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS $_{\square}$ $\in$ $\square$ $\in$ $\square$ $\vee$ $\square$									VED	
	I RANSPORTER OII	- /												
	G A											VOM	1	1967
_ }	OPERATOR PROPATION OFFICE	2	<del> </del>									. 46	e~~	- James
1.	Operator Operator		<u> </u>									1.77	- <del>1</del>	DEFICE
	DEPCO, Inc.							·						
	Address Suite 204, F	1+	Nat i	nal Ba	-le	A 4	onia Na	u. Maula	0091/					
}	Reason(s) for filing (Chec			AME I DO	iiik,	Vì £	esia, no	W MEXIC	Other (Please	e explain)		<del></del> -		
	New Well			Change	in Tro	nsporte	er of:		Change 1			ll numb	er,	and
ļ	Recompletion			Oil		. 님	Dry Ga	<b>=</b>		on of to	nks.			
L	Change in Ownership			Casingl	nead G	as	Conder	isate	From St	ate #2				<del> </del>
	f change of ownership													
â	ind address of previous	owner				<del></del>								
IJ. į	DESCRIPTION OF W	ELL A	ND LE	ASE	- I Da	al Nama	, Including F	ormation.		Kind of Le	arse	<del></del>		Lease No.
	Lease Name  Artesia Unit			30		_	ia Queer		ra CA	1	leral or Fee	State		B-4456-3
-	Location		_	1 10		11 663	IN CHER	die in	iry an	J		3 tat	<u></u>	0-1-70-3
	Unit Letter 0	; _ <b>_2</b>	310	Feet F	rom T	he	East Lin	e and	990	Feet Fro	om The	South		
		0.5		_			_	-0				•		<b>a</b> .
Ĺ	Line of Section	<u> 35</u>	Towns	hip		17	Range	28	, NMPM		Eddy			County
II. I	DESIGNATION OF T	RANSF	ORTE	R OF OI	L AN	D NA	TURAL GA	s	•		•			
	Name of Authorized Trans	sporter o	of Oil	or or		ensate [		Address (	Give addréss	to which ap	proved copy	of this form	is to	be sent)
į	Continental Name of Authorized Trans	Pipe	Line	Compan	Υ	or Dry	Gas	Arte	sia. Nev	Mexico	proved conv	of this form	is to	he sent)
İ						or Dry	Gds	Address (Give address to which approved copy of this form is to be sent)						oc semi,
-	Phillips Pet If well produces oil or lice				ec.	Twp.	Rge.		ually connect		When			
	give location of tanks.		. i	M ;	36	17	28	Yes			Novemb	er, 19	67	
1	f this production is con	nmingle	d with t	hat from	any o	ther lea	ase or pool,	give comm	ingling orde	r number:				
۷. ٔ	COMPLETION DATA				Oil W	/ell	Gas Well	New Well	Workover	Deepen	Plug E	ack Same	Rest	Diff. Restv.
	Designate Type of	f Comp	letion -	– (X)	! !		! !	<u> </u>	! ! !	 	 			1
	Date Spudded		D	ate Compl.	Read	y to Pro	od.	Total Dep	th	-	P.B.T	.D.		
	Elevations (DF, RKB, R7	CP -	N N	ame of Pro	ducin	g Forma	rtion	Top Oil/G	as Pav		Tubing	Depth		
	Lievations (Dr., RRB, RI	, UN, E			, a a o i	y . <del>.</del>		1				•		
	Perforations										Depth	Casing Sho	е	
-														
-	HOLE SIZE			CASIN			ASING, AND	CEMENT	DEPTH S		<u> </u>	SACKS	СЕМЕ	NT
-	HOLE SIZE					100111	0 0.22							
-														
[								-			<del></del>			
_				47700		F 45		<u>.</u>						ceed top allou
	TEST DATA AND RI OIL WELL	EQUES	TFUR	ALLOW	ABL	et (1	est must be a ble for this de	pth or be for	r full 24 hour	r)		De equatit	, or ex	
	Date First New Oil Run	ro Tank	<b>D</b>	ate of Tes	t			Producing	Method (Flot	o, pump, ga	s lift, etc.)			
١,	Length of Test		— <del>  _</del>	ubing Pres	Sure		<del></del>	Casing Pr	essure		Choke	Size		
			-											
ľ	Actual Prod. During Test		0	il-Bbls.				Water - Bb	ls.		Gas-1	ACF		
					<u> </u>			<u> </u>				<del></del>		
	GAS WELL													
ſ	Actual Prod. Test-MCF	'n	L	Length of Test			Bbls. Condensate/MMCF			Gravit	Gravity of Condensate			
								ļ						
	Testing Method (pitot, bo	ck pr.)	Т	ubing Pres	ssure (	Shut-i	in )	Casing Pr	essure (Shut	:-in)	Choke	Size		
į						1		2011255		0014140				
VI.	CERTIFICATE OF C	ERTIFICATE OF COMPLIANCE						OIL (	CONSER ]\	VATION	COMMIS	SION		
	I hereby certify that the	hereby certify that the rules and regulations of the Oil Conservation					APPRO	VED	ادار لا از م	1301		, 1	9	
	Commission have been	compl	ied with	h and tha	it the	inform	ation given	BY	11/1	A L	resse	A		
	above is true and complete to the best of my knowledge and belief.						COTT OF THE					. –		
									<u> 1911</u> 2,75					_
			signed						is form is to					
	J. M. Strader (Signature)					If the well the	this is a requision is form mus	uest for all	llowable fo npanied by	r a newly -	drilled on of	i or deepened the deviation		
	Dis		t Engi	•				tests to	ken on the	well in ac	cordance	with RULE	111.	the deviation
-	(Title)						All shie on	sections of	this form	must be fi wells.	Hed out co	mplet	ely for allow	

November 1, 1967 (Date)

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.