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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

I. OPERATOR	DEPCO, Inc. Suite 204 First National Bank Building Artesia, New Mexico 82310	O. C. C. ARTESIA, OFFICE
Address	P. O. Box 427, Artesia, New Mexico	
Reason(s) for filing (Check proper box)		
New Well	Change in Transporter of:	
Recompletion	Oil	Dry Gas
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 No.	Well No.	Pool Name, Including Formation	Kind of Lease
Lease Name	State 647	172	Artesia Queen Grayburg SA	State, Federal or Fee	State
Location	Unit Letter A, 330 Feet From The North Line and 990 Feet From The East				
Line of Section	35	Township	17	Range	28, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil	Continental Pipe Line Company	Artesia, New Mexico	
Name of Authorized Transporter of Casinghead Gas	Phillips Petroleum Corporation	Odessa, Texas	
If well produces oil or liquids, give location of tanks.	Unit N, Sec. 26, Twp. 17, Rge. 28	Is gas actually connected?	Yes
		When	9-1-61

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

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest.	Diff. Rest.
Designate Type of Completion - (X)	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								
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						

V. 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	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		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure		

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.

Inspector
(Signature)
District Engineer
(Title)
MAY 27 1966
(Date)

OIL CONSERVATION COMMISSION
JUN 9 1966
APPROVED _____, 19____
BY M. L. Armstrong
TITLE OIL AND GAS INSPECTOR
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 all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of ownership.
Separate Forms C-104 must be filed for each pool in multi-