NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
JUN ... 69
O. C. C.
ARTESIA, OFFICE

LAND OFFICE
TRANSPORTER
OPERATOR

I. PRORATION OFFICE
Operator
DEPCO, Inc.
Address
800 Central, Odessa, Texas 79760
Reason(s) for filing (Check proper box)
Other (Please explain)
New Well ___ Change in Transporter of:
Recompletion ___ Oil X Dry Gas ___
Change in Ownership ___ Casinghead Gas ___ Condensate ___

If change of ownership give name and address of previous owner ___

II. DESCRIPTION OF WELL AND LEASE
Lease Name: State 647 AC 722 | Well No.: 186 | Pool Name, Including Formation: Artesia Queen Grayburg SA | Kind of Lease: State, Federal or Fee: State
Location
Unit Letter C ; 1980 Feet From The North Line and 1650 Feet From The West
Line of Section 32 Township 17 Range 28 NMPM,

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil X or Condensate ___ Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company, Pipe Line Division Artesia, New Mexico
Name of Authorized Transporter of Casinghead Gas X or Dry Gas ___ Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company Odessa, Texas
If well produces oil or liquids, give location of tanks. Unit H Sec. 32 Twp. 17 Rge. 28 Is gas actually connected? Yes When

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
Perforations

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET

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 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.

(Signature)
Chief Production Clerk
(Title)
June 20, 1969
(Date)

OIL CONSERVATION COMMISSION
APPROVED ___, 19
BY
TITLE

This form is to be filed in compliance with ...
If this is a request for allowable ... this form must be accompanied by ... tests taken on the well in accordance with ...
All sections of this form must be filled out ... 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.