	NO. OF COPIES REC	EIVED	13			
	DISTRIBUTION					
	SANTA FE					
1	FILE			7		
	U.S.G.S.					
	LAND OFFICE		İ			
	TRANSPORTER	OIL				
		GAS				
	OPERATOR		=			
ĭ.	PRORATION OFFICE					
	Operator					
	Address					
	P, 0. Box 427,					
	Reason(s) for filing (Check proper box					
	New Well					
	Recompletion					
	Change in Ownership	x				

NEW MEXICO OIL CO'ISERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

	FILE		AND	Fliective 1-1-03		
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS		
	LAND OFFICE	·		RECEIVED		
	TRANSPORTER GAS					
	OPERATOR	-		JUN 1 1966		
1.	PRORATION OFFICE			2014 T 1300		
1.	Operator		DEPCO, Inc.	O. C. C.		
			Suite 204	ARTESIA, OFFICE		
	Address		First National Bank Building			
	P, 0. Box 427		Artesia, New Mexico 8821	D		
	Reason(s) for filing (Check proper bo	Change in Transporter of:	Other (Please explain)			
	Recompletion	Oil Dry Go				
	Change in Ownership	Casinghead Gas Conder				
	If change of ownership give name and address of previous owner	International Oil & Gas (Corporation P. O. Box	427 Artesia New Mexico		
	•			ta, y the costa y them from cost		
П.	DESCRIPTION OF WELL AND Lease Name		me, Including Formation	Kind of Lease		
				State Federal or Fee		
	High Lonesome Penr	ose Unit 4 High	i Lonesome Queen	Federal		
	Unit Letter P ;	990 Feet From The South Lin	ie and <u>660</u> Feet Fro	m The East		
	Onit Letter;	Feet From The Journ Sin	1 66(110	III THE EAST		
	Line of Section 15 , To	ownship 16 Range	29 , NMPM,	Fddy County		
	•					
Π.		TER OF OIL AND NATURAL GA				
	Name of Futhorized Transporter of O	or Condensate	Address (Give daaress to which app	proved copy of this form is to be sent)		
	Name of Authorized Transporter of Co	asinghead Gas or Dry Gas	Address (Give address to which ap)	proved copy of this form is to be sent)		
				, , , , , , , , , , , , , , , , , , , ,		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When		
	wire location of tanks	Mater Injection Well	No			
		ith that from any other lease or pool,	give commingling order number:			
	COMPLITION DATA		_	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Complet	ion - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Date Spud led	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
	1101 5 6175		CEMENTING RECORD	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V.	TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a		oil and must be equal to or exceed top allow-		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas	lift etc.)		
	Date First New Oil Hun 10 Tunks	Date of Yest	Producing Method (Prow, pump, ges	<i>(1)</i>		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	-					
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF		
	GAS WELL		DI			
	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		
	, ,					
/T.	CERTIFICATE OF COMPLIAN	ICE	OIL CONSERV	VATION COMMISSION		
	AVIITION IE OF COMPLIANCE		OIL CONSERVATION COMMISSION			
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED, 19			
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		By ML annalrone			
	above is true and complete to th	te best of my knowledge and better	BY The Control			
			TITLE - 690 450 553 15	Than the p		
	Original signed by		This form is to be filed i	n compliance with RULE 1104.		
	J. M. Strader		If this is a request for all	lowable for a newly drilled or deepened		
	, ,	nature)	well, this form must be accome tests taken on the well in ac	panied by a tabulation of the deviation cordance with RULE 111.		
	District Engir		All sections of this form	must be filled out completely for allow-		
. 1	MAY 2 7 1966	itle)	able on new and recompleted			
	11117 6 1 1000		h rill out Sections I, II, I	II, and VI only for changes of owner,		

(Date)

Fill out Sections I, II, III, and VI only 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.

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