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}	DISTRIBUTIO	N	1	NEW MEXICO OIL	CONSERVATION COMMISSIO	
-	SANTA FE		+	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1 Effective 1-1-65		
}	 - - - - - - - - - - - - - - - -		1 -	AND		
-	U.S.G.S.			AUTHORIZATION TO T	RANSPORT OIL AND NATU	JRAL GAS
-	LAND OFFICE	OIL	 . -			
	TRANSPORTER	GAS	1	_		RECEIVED
.	PROPATION OFF	ICE	2	- V		
I.	Operator		1 1	<u> </u>		- JUN 1 19հհ
				DEPCO, Inc.		
	Address				Suite 204 First National Bank Buildin	ASTRON
	P. 0). B o	× 427	Artesia, New Mexico	Artesia, New Mexico 882	
	Reason(s) for filing (Check	proper bo	×)	Other (Please explo	in)
	New Well			Change in Transporter of:		
	Recompletion			Cil Dry	Gas	
	Change in Ownership	x		Casinghead Gas Con	densate	
	If change of owners and address of prev	ious ov	vner			Kind of Lease
	Lease Name			Lease No. Well No. Pool	Name, Including Formation	State, Federal or Fee
	St:	ate A		46	Empire Abo	State State
	Unit Letter	В	. i	990 Feet From The North	Line and 1900 Fe	et From TheEast
	Line of Section	32	Т	ownship 17 Range	28 , NMPM,	Eddv County
	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate					
	Name of Authorized	Transpo	rter of O	or Condensate	Address (Give address to whi	Texas
	Name of Authorized	Transpo	rter of O	or Condensate	Address (Give address to whi	Texas
	Name of Authorized Pe	Transpo Transpo	Corporter of C	oration asinghed Gas or Dry Gas	Address (Give address to whi	Texas
	Name of Authorized	rniar Transpo	Corporter of C	oration ratinghead Gas or Dry Gas Unit Sec. Twp. Rge.	Address (Give address to whi Midland, Address (Give address to whi Lis gas actually connected?	Texas ch approved copy of this form is to be sent)
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OIL CONSERVATION COMMISSION 1968

c .

CH Sad Bin . Serde Tay

Bbls. Condensate/MMCF

Casing Pressure

APPROVED

TITLE .

Gravity of Condensate

Choke Size

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.

Original signed by J. M. Strader (Signature)

Length of Test

Tubing Pressure

District Engineer

GAS WELL

Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

MAY 2 7 150b (Date)

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 completed wells.