

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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 9 1966
O. C. C.
ARTESIA, OFFICE

I. Operator **DEPCO, Inc.**
Address **Suite 204, First National Bank Bldg. 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 Water, P. O. Box 422, Artesia, N. M.~~

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 647	Lease No. 647	Well No. 211	Pool Name, Including Formation Artesia Queen Grayburg SA	Kind of Lease State, Federal or Fee State
Location Unit Letter K ; 2310 Feet From The South Line and 2105 Feet From The West Line of Section 32 Township 17S Range 28E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco	Address (Give address to which approved copy of this form is to be sent) Artesia, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> -----	Address (Give address to which approved copy of this form is to be sent) -----	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 32
	Twp. 17	Rge. 28
	Is gas actually connected? No	
	When	

If this production is commingled with that from any other lease or pool, give commingling order number: **None**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-25-66	Date Compl. Ready to Prod. 6-8-66		Total Depth 2003		P.B.T.D. 1996			
Elevations (DF, RKB, RT, GR, etc.) 3687 (RT)	Name of Producing Formation Grayburg		Top Oil/Gas Pay 1898		Tubing Depth 1904			
Perforations 1898 - 1908, 1930 - 1934 1-jet shot each 3 ft					Depth Casing Shoe 2002			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11	8 5/8		462		125			
7 7/8	4 1/2		2002		175			

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 6-8-66	Date of Test 6-8-66	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 20 Hrs.	Tubing Pressure ----	Casing Pressure ----	Choke Size ----
Actual Prod. During Test 73	Oil - Bbls. 73	Water - Bbls. 0	Gas - MCF ---

GAS WELL

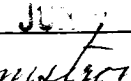
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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)
District Engineer
(Title)
June 9, 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED , 19
BY **J. L. Armstrong**
TITLE **Oil Well 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 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.