

P. O. BOX 2092
SANTA FE, NEW MEXICO 87501

JUN 19 1987

REQUEST FOR ALLOWABLE
AND O. C. D.

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		<input checked="" type="checkbox"/>
FILE		<input checked="" type="checkbox"/>
U.S.S.		<input checked="" type="checkbox"/>
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		<input checked="" type="checkbox"/>
PRODUCTION OFFICE		

Kersey & Company

Address

P.O. Box 316, Artesia, NM 88211-0316

Reason(s) for Filing (Check proper box)

Other (Please explain)

New Well

Change in Transporter of:

Recompletion

C11

Dry Gas

Change In Ownership ☒

Casinghead Gas

Condensate

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

Depco, Inc. 800 Central, Odessa, TX 79751

Lease Name Northwest Artesia Unit	Well No. 13	Pool Name, Including Formation Queen-Grayburg-SA	Kind of Lease State, Federal or Foreign State	Lease No. 6476
Location injection				
Unit Letter N	: 700	Feet From The	Line and	Feet From The
Line of Section 32	Township 17	Range 28	NMPM,	Eddy County

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co.					Address (Give address to which approved copy of this form is to be sent) Pipeline Div. No. <u>Freman, Artesia, NM 88210</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co.					Address (Give address to which approved copy of this form is to be sent) <u>Bartlesville, OK</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Hest'v.	Diff. Hest'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			Tubing Depth		
Perforations							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
						Post ID-3			
						7-3-87			
						shg ap			

(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	

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

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

H. A. K. K.
(Signature)

Operator

(744)

6-19-87

(110.4)

OIL CONSERVATION DIVISION

JUN 26 1987

APPROVED _____, 19

Original Signed By _____

Les A. Clements

TITLE Supervisor District

This form is to be filled 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 deviating tests taken on the well in accordance with RULE 114.

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 Form C-104 must be filed for each pool in multiple