NO. OF COPIES RECEIVED		i	1 4		
DISTRIBUTION					
SANTA FE		1			
FILE			-		
U.S.G.S.			\Box		
LAND OFFICE					
TRANSPORTER	OIL	1			
	GAS	T			
OPERATOR		1/			
PRORATION OFFICE					
Operator	-				
DEPCO. Inc.					
Address					
Suite 204, First I					
Reason(s) for filing	(Check	prope	r box		
New Well					
Recompletion					

SANTA FE	I	ONSERVATION COMMISSION. Form C-104 FOR ALLOWABLE Supersedes Old C-104 and C-1	
FILE		AND Effective 1-1-65	
U.S.G.S.	_ AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS
LAND OFFICE			
TRANSPORTER OIL			
OPERATOR /	-		
PRORATION OFFICE	-		
Operator			
DEPCO, Inc.			\$600 ma
Address			V 100
Suite 204, First	National Bank, Artesia,	New Mexico 88210	
Reason(s) for filing (Check proper ba	Change in Transporter of:	Other (Please explain)	
Recompletion	Oil Dry Gar	s C	_
Change in Ownership	Casinghead Gas Conden	H Add Account Numi	ber to Lease Name
			
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.
		State Federa	or Fee
Sate 648 AC 812	105 Artesia Quee	en Grayburg SA	State 648
Unit Letter E ; 2	310 Feet From The North Lin	e and 4290 Feet From	togat
omit Letter,	r set i folir i ne	1 001 1 1011	Lust
Line of Section 25 T	ownship 18 Range	27 , NMPM, Ede	County
			•
III. DESIGNATION OF TRANSPOL Name of Authorized Transporter of C		Address (Give address to which approp	and conv of this form is to be sent
	_		
Continental Pipe Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Artesia New Address (Give address to which appro-	Meaxico wed copy of this form is to be sent)
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Who	en
give location of tanks.	F 25 18 27	No	
If this production is commingled v	with that from any other lease or pool,	give commingling order number:	
IV. COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff, Res'v.
Designate Type of Complet		New Well Workover Deepen	Flug Back Same Nes V. Bill. Nes 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
	TURING CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
1,022 5122			
			<u>i. </u>
	FOR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow-
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			Gas-MCF
Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gds - MCF
			<u> </u>
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
CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSIO		ATION COMMISSION	
	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. APPROVED APPROVED APPROVED BY APPROVED BY		0 1961 19
Commission have been complied	d regulations of the Oil Conservation with and that the information given	1 0 9	
above is true and complete to	he best of my knowledge and belief.		
		TITLE	. et = 9 / / ./
<i>/</i>) _	0		compliance with RULE 1104.
mstrak	<u>'</u>	If this is a request for allow	wable for a newly drilled or deepened
(Si	mature)	well, this form must be accompated tests taken on the well in acco	inied by a tabulation of the deviation
District Engineer		11 -	rdance with RULE 111. nat be filled out completely for allow-

(Title)

(Date)

August 4, 1967

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.