NO. OF COPIES RECEIVED		DNSERVATION COMMISSION	Form C-104		
SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
FILE		AND			
U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL	GAS .		
TRANSPORTER OIL			le se		
GAS /					
OPERATOR	_				
I. PRORATION OFFICE					
DEPCO, Inc.		ARTESLA			
Address Sulte 204, First	National Bank, Artesia,	New Mexico 88210			
Reason(s) for filing (Check proper box	Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of:				
Recompletion			name, and well number.		
Change in Ownership	Casinghead Gas 📃 Conden	sate From State 1	3 #~L•		
If change of ownership give name and address of previous owner					
II. DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fo	ormation Kind of Lea	se I.ease No.		
Lease Name Artesia Unit		State Eede			
Location	51 Artesia Queen				
Unit Letter L ; 16	550 Feet From The South Line	e and 330 Feet From	The West		
Line of Section 2 To	wnship 18 Range 28	, NMPM,	Eddy County		
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to which appr	oved copy of this form is to be sent)		
Continental Pipel	ine Company	Artesia, New Mexic	coved copy of this form is to be sent)		
Name of Authorized Transporter of Ca	singhead Gas 🗶 or Dry Gas 🗌	Address (Give address to which app)	roved copy of this form is to be sent)		
Phillips Petroleu	m Company Unit Sec. Twp. Rge.	Odessa, Texas	Then		
If well produces oil or liquids, give location of tanks.	L 2 18 28	Yes	October 13, 1960		
	ith that from any other lease or pool,				
If this production is commingred with the production of the produc					
Designate Type of Completi	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Date Spudded	Dure Compr. Heady to Fred.				
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Perforations	erforations		Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD					
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
			il and must be equal to or exceed top allow		
V. TEST DATA AND REQUEST F	able for this de	pth or be for full 24 hours)			
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
			Choke Size		
Length of Test	Tubing Pressure	Casing Pressure			
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF		
GAS WELL		Phile Condenants (Attion)	Gravity of Condensate		
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		
VI. CERTIFICATE OF COMPLIAN	I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION COMMISSION		
I berefy certify that the rules and					
I hereby certify that the rules and regulations of the Off 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, 19			
above is true and complete to the	ie best of my knowledge and benef.				
Original s	igned by	This form is to be filed i	This form is to be filed in compliance with RULE 1104.		
J. M. S		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.			
	nature)				
District Engineer (Title)		All sections of this form must be filled out completely for allow-			
	r 1, 1967	Eill out only Sections I	able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,		
	Date)	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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-	NO. OF COPIES RECEIVED		DNSERVATION COMMISSION	Form C-104
F	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
-	FILE / U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRAI	AND NSPORT OIL AND NATURAL G	and the part of a state and
-	IRANSPORTER OIL / GAS /			DEC 1 3 1986
1.	OPERATOR 2 PRORATION OFFICE			O. C. C.
	DEPCO, Inc.			
	Suite 204, First Na	ational Bank Building, Art	tesia. New Mexico	
ľ	Reason(s) for filing (Check proper bo: New Well	x) Change in Transporter of:	Other (P-ease explain)	
	Recompletion	Cil Dry Gas		
L	Change in Ownership 🗶	Cusinghead Gas Condens	sate	
	If change of ownership give name and address of previous owner	Donnelly Drilling Comp	Dariy, Life. Box 433, Al	rtesia, New Mexico
1.	DESCRIPTION OF WELL AND	LEASE	ne, Including Formation	Kind of Lease
	State "A"	E-1285 1 Arte	sia Q. Grbg. SA	State, Federal or Fee State
	Unit Letter L ; 165	0 feet From The South Line	e and Feet From T	he West
		cwnship 18 Hange 23		Eddy County
I.				
I. [DESIGNATION OF TRANSPOR Name of Authorized Transporter of O	TER OF OIL AND NATURAL GAS	S Address (Give address to which approv	ed copy of this form is to be sent)
 	Continental Pipe Line	Company asinghead Gas X or Dry Gas	Artesia, New Mexico Address (Give address to which approv	ed copy of this form is to be sent)
	Phillips Petroleum Co	mpany	Odessa, Texas	
-	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rae.	to gas advant, the contract) Ctober 13, 1960
1	If this production is commingled w	with that from any other lease or pool, a	give commingling order number:	
v .	COMPLETION DATA Designate Type of Complet	Cil Well (Gas Well	New Well Workcver Deepen	Plug Back Same Res'v. Diff. Res'v
	Designate Type of Complet	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	·		Top Oil/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top On/Gas Pay	
	Perforations			Depth Casing Shoe
				SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
				· · · · · · · · · · · · · · · · · · ·
V.	TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be af able for this de	pen or be for juit 24 nouis)	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	t, etc.)
	Length of Test	Tubing Pressure	Casinç Pressure	Choke Size
	Actual Prod. During Test	Cil-Ebis.	Water-Bbls.	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 COMPLIA	NCE		
	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, 19	
			BY C. C. Spicest	
			TITLE WE WE WAS USSEE	; <u>1 U / 2</u>
	Original signed by J. M. Strader		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened	
		gnature)	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 allow-	
	District Engineer	Title)		
	November 1, 1966			
		(Date)		ter, or other such change of condition

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.