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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 OIL C-104 and C-110  
Effective 1-1-65

RECEIVED

JUN 19 1969

O. C. C.  
ARTESIA, OFFICE

I. Operator  
DERCO, Inc.  
Address  
300 Central, Odessa, Texas 79760  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Artesia Unit Well No. 51 Pool Name, Including Formation Artesia Queen Grayburg SA Kind of Lease State, Federal or Fee State Lease No. E-1285  
Location  
Unit Letter L ; 1650 Feet From The South Line and 330 Feet From The West  
Line of Section 2 Township 18 Range 28 , NMPM, Body County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)  
Navajo Refining Company, Pipe Line Division Artesia, New Mexico  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)  
Phillips Petroleum Corporation Odessa, Texas  
If well produces oil or liquids, give location of tanks. Unit L Sec. 2 Twp. 18 Rge. 28 Is gas actually connected? Yes When October 13, 1960

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

IV. COMPLETION DATA  
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Resrv. Diff. Resrv.  
Date Spudded Date Compl. Ready to Prod. Total Depth P.S.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 CEMENT CEMENT

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 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

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

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 Chief Production Clerk  
June 20, 1969  
OIL CONSERVATION COMMISSION  
JUN 24 1969  
APPROVED BY  
TITLE  
This form is to be filed in compliance with N.M.S. 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 N.M.S. 1104.  
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.