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| DISTRIBUTIO | | | |
| SANTA FE | | 7 | |
| FILE | | 7- | - |
| U.S.G.S. | | | |
| LAND OFFICE | | , | |
| TRANSPORTER | OIL | | |
| TRANSFORTER | GAS | 7 | |
| OPERATOR | | 1 | |
| PRORATION OF | FICE | | |
| Operator | , | 1 | |
| DEPCC. | Inc. | | |
| Address | 2.0/4. | Firs | ; t |
| Reason(s) for filing | (Check) | proper | box |
| New Well | | | |
| Recompletion | | | |
| Change in Ownership | pĹ | | |

November 1, 1967 (Date)

| | SANTA FE | | ONSERVATION COMMISSION FOR ALLOWABLE | Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 | |
|------|--|---------------------------------------|--|--|--|
| | FILE /+ | _ | AND | | |
| | U.S.G.S. | AUTHORIZATION TO TRA | NSPORT OIL AND NATURAL GAS | 5 1 220 | |
| | LAND OFFICE | | | | |
| | TRANSPORTER GAS | | | | |
| | OPERATOR 1 | | | 367 | |
| | PRORATION OFFICE | | | | |
| I. | Operator | | | 1 8 1 ₀ . | |
| | DEPCC. Inc. | | | -43. f | |
| | Address | | | | |
| | Suite 204. First | Marional Bank, Artesia, | Now hexica 88210 | | |
| | Reason(s) for filing (Check proper box, |) | Other (Please explain) | | |
| | New Well | Change in Transporter of: | | ne, wall number, and | |
| | Recompletion | Oil Dry Gas | = location of te | anks. | |
| | Change in Ownership | Casinghead Gas Conden | From Hanson | State #4 | |
| | If change of ownership give name | | | | |
| | and address of previous owner | | | | |
| | | | | | |
| П. | DESCRIPTION OF WELL AND Lease Name | Well No. Pool Name, Including Fo | ormation Kind of Lease | Lease No. | |
| | | | State Federal o | Fee | |
| | Artesia Unit | 36 Artosia fuoe | n Frayburg A | State E-1285 | |
| | Location | | | | |
| | Unit Letter D : 330 | Feet From The GOPTH Lin | e and 330 Feet From The | hest. | |
| | _ | | ND 4554 | County | |
| | Line of Section 2 Tov | vnshig 18 Range | 28 , NMPM, | Eddy | |
| | DESCRIPTION OF EDANGBORS | PED OF OH AND NATURAL CA | c | | |
| 111. | Name of Authorized Transporter of Oil | TER OF OIL AND NATURAL GA | Address (Give address to which approved | copy of this form is to be sent) | |
| | Rame of Millionized Transporter of our | | | | |
| | Continental Pipe | strone ad Gas Joy or Dry Gas | Address (Give address to which approved | copy of this form is to be sent) | |
| | | ** | | | |
| | Phillips Petroleu | m Capariy Tuni: Séc. Twp. Rge. | Is gas actually connected? When | | |
| | If well produces oil or liquids, give location of tanks. | | Yes | 9-1-60 | |
| | L | | | 5-1-00 | |
| | | th that from any other lease or pool, | give commingling order number: | | |
| IV. | COMPLETION DATA | Oi. Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | |
| | Designate Type of Completic | on = (X) | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | i i | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | |
| | Jane Spagass | | | | |
| | 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 | |
| | | | | | |
| | | | | | |
| | 1 | | | | |
| | | | | | |
| N/ | TEST DATA AND REQUEST F | OR ALLOWAPILE. (Test must be a | fter recovery of total volume of load oil an | d must be equal to or exceed top allow | |
| ٧. | OIL WELL | able for this de | epth of de jor juit 24 hours | | |
| | Date First New OIL Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, | etc.j | |
| | | | | Chaha Siga | |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size | |
| | | | | | |
| | Actual Prod. During Test | Cil·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 COMPLIAN | CE | OIL CONSERVAT | TION COMMISSION | |
| · • | | | | | |
| | I hereby certify that the rules and | regulations of the Oil Conservation | APPROVED | , 19 | |
| | C Luna boom complied | with and that the information given | BY Li, Ch. Lines | sext | |
| | above is true and complete to th | e best of my knowledge and belief. | | | |
| | A | 1 1 | TITLE | | |
| | Original sign | | This form is to be filed in co | | |
| | J. M. Stra | ide r | TO ALLE SE SERVICES FOR ALLOWA | hie for a newly drilled or deepened | |
| | (Signature) | | well, this form must be accompanied by a tabulation of the deviation | | |

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.

| NO. OF COPIES RECE | 6 | |
|--------------------|-----|----|
| DISTRIBUTION | | |
| SANTA FE | | 7 |
| FILE | | /- |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | / |
| | GAS | / |
| OPERATOR | | 2 |
| PRORATION OF | ICE | |
| Operator | | |

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

| | FILE /- | AUTHORIZATION TO TRAN | AND NSPORT OIL AND NATURA | Effective 1-1-65 | | |
|-------|--|--|--|---|--|--|
| | LAND OFFICE | | | | | |
| | TRANSPORTER GAS / | | | | | |
| | OPERATOR 2 | | | | | |
| 1. | Operator | | 10 | | | |
| | DEPCO. Inc. | | | s.* | | |
| | Suite 204, First Na Reason(s) for filing (Check proper box) | etional Bank, Arteija, Ne | Other (Please explain) | | | |
| | New Well | Change in Transporter of: | | | | |
| | Recompletion | Oil Dry Gas Casinghead Gas Condens | | | | |
| | Change in Ownership | Sustrigited dus Contacts | | | | |
| | If change of ownership give name and address of previous owner | E. A. Hanson, P. O. Box | 1515, Roswell, New M | exico | | |
| 11. | DESCRIPTION OF WELL AND | LEASE Well No. Fool Name, Including Fo | rmation Kind of I | _ease Lease No. | | |
| | Lease Name Hanson State | 4 Artesia. 0. 0 | State, Fe | ederal or Fee State F=1285 | | |
| | Location | • | J | | | |
| | Unit Letter D; 331 | Feet From The North Line | e and 330 Feet F | rom The West | | |
| | Line of Section 2 Tow | mship 8 Range 28 | , NMPM, | Eddy County | | |
| III. | DESIGNATION OF TRANSPORT | TER OF OIL AND NATURAL GAS | S | approved copy of this form is to be sent) | | |
| | Name of Authorized Transporter of Oil | | Artoeia Now Mayic | 20 | | |
| | Continental Pipe Name of Authorized Transporter of Cas | inghead Gas X or Dry Gas | Address (Give address to which a | ipproved copy of this form is to be sent) | | |
| | Phillips Petroleum | Corpany Unit Sec. Twp. Rge. | Odessa, Texas Is gas actually connected? | When | | |
| | If well produces oil or liquids, give location of tanks. | н 2 18 28 | <i>G</i> | 9-1-60 | | |
| IV | If this production is commingled with COMPLETION DATA | th that from any other lease or pool, | give commingling order number: | | | |
| - • • | Designate Type of Completic | Oil Well Gas Well $\operatorname{On} - (X)$ | New Well Workover Deepe | n Plug Back Same Restv. Diff. Restv. | | |
| | 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 | | |
| | 220,413,10 (27, 1112) | | | Depth Casing Shoe | | |
| | Perforations | Perforations | | | | |
| | | TUBING, CASING, AND | DEPTH SET | SACKS CEMENT | | |
| | HOLE SIZE | CASING & TOBING SIZE | | | | |
| | | | | | | |
| | | | | | | |
| V | TEST DATA AND REQUEST FOIL WELL | TEST DATA AND REQUEST FOR ALLOWABLE (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 Float Daining 1001 | | | | | |
| | 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 | | |
| | | | 011 00110 | EDYATION COMMISSION | | |
| VI | . CERTIFICATE OF COMPLIAN | CE | | RVATION COMMISSION | | |
| | O instant boom complied | regulations of the Oil Conservation with and that the information given | APPROVED | 1960 , 19 | | |
| | above is true and complete to th | e best of my knowledge and belief. | II BY | | | |
| | Ominio 1 | 4 4 | TITLE <u>Sec. 22.2 32.5 (8)</u> | | | |
| | Original signed by J. M. Strader | | | d in compliance with RULE 1104. allowable for a newly drilled or deepened | | |
| | | nature) | 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. | | | |
| | <u>District Engineer</u> | itle) | | | | |
| | November 1, 1966 | | 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. | | | |
| | (E | (ate) | Separate Forms C-104 completed wells. | must be filed for each pool in multiply | | |
| | | | in compared in terms | | | |