NO. OF COPIES RECEIVED	NEW MEXICO OIL O	ONSERVATION COMM	ISSION	Form C-104	
SANTA FE	REQUEST FOR ALLOWABLE			Supersedes Old C-104 and C-11 Effective 1-1-65	
FILE U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL G				
LAND OFFICE	AUTHORIZATION TO TRA	MOPURI UIL AND I	NATURAL (	ASE E E	W Car
TRANSPORTER OIL / GAS /		10V 1 11	I£7	OCT 27	1967
OPERATOR 2		14.74. 7	7 (J )	•	
I. PRORATION OFFICE Operator		- 3. (b. f.	•	7 - Lugar	**b \$7.5
DEPCO, Inc.		ARCEGIO. T	····	Who can	f Alber
Suite 204, First !	National Bank, Artesia,	New Mexico 882		<del> </del>	
New Well	Change in Transporter of:	Change_le	e <b>ase nam</b> e	and well num	ber.
Recompletion	Oil Dry Go	- Change I	rtis St ocation (	ate #3 of tanks	
Change in Ownership	Casinghead Gas Conde	nsate			
If change of ownership give name and address of previous owner					
II. DESCRIPTION OF WELL AND Lease Name	LEASE   Well No.   Pool Name, Including F	°ormation	Kind of Leas	9	Lease No.
Artesia Unit	35 Artesia Quee	n Grayburg SA	State, Federa	or Fee State	E-6946
Location Unit Letter C ; 336	0. Feet From The <b>North</b> - Lin	ne and <u>1650 -</u>	Feet From	TheWest	•
	wnship 18 Range	•			County
Line of Section 2 To	To Trange	28 , NMPM	· Ed	<del>dy</del>	
II. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address	to which appro	ved copy of this form is	s to be sent)
COT L		Artesia,	1 4 5		
		Address (Give address		ved copy of this form is	s to be sent)
Phillip Active 2	Unit, Seg. Twp., Rge.	Ocessa, X: Is gas actually connect	ed? Wh	en	
If well produces oil or liquids, give location of tanks.	Temporarily Abandoned	į		Movember I.	1947
If this production is commingled will. COMPLETION DATA	ith that from any other lease or pool,	give commingling orde			
Designate Type of Completi	on - (X)	New Well Workover	Deepen	Plug Back   Same R	es'v. Diff. Res'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	
	TURNO CACINO AN	o cenentino decor	<u> </u>	1	<del></del>
HOLE SIZE	TUBING, CASING, AN	DEPTH S		SACKS CE	EMENT
V. TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be able for this d	after recovery of total volu	ime of load oil	and must be equal to o	r exceed top allow
OIL WELL  Date First New Oil Run To Tanks	Date of Test	Producing Method (Flor		ift, etc.)	
Length of Test	Tusing Pressure	Casing Pressure		Choke Size	
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.		Gas-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	
VI. CERTIFICATE OF COMPLIAN	 NCE	OIL	CONSERV	ATION COMMISSI	ON
		ADDONAGE			_, 19
Commission have been complied	regulations of the Oil Conservation with and that the information given ne best of my knowledge and belief.		Pi Lin	essett	-, 14

Original signed by

J. M. Strader

November 1, 1967

(Signature)
District Engineer

(Title)

(Date)

This form is to be filed 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 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.

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.

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.

	<del>-</del>						
NO. OF COPIES RECEIVED 5							
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104						
SANTA FE		REQUEST FOR ALLOWABLE					l C-110
FILE /-			AND			ive 1-1-65	
U.S.G.S.	AUTHOR	IZATION TO TR	AND ANSPORT OIL AND	NATURAL (	GAS 🚌 🚁 🦼	79	
LAND OFFICE					Υ.		•
TRANSPORTER OIL							.*
GAS					مراد والمعتاد	3	
OPERATOR 3					L'E		
PRORATION OFFICE			· · · · · · · · · · · · · · · · · · ·				
Operator					નાં. તે <b>ક</b> જાલ		
DEPCO, Inc.						M. Derios	
Address		• 6	** **				
Suite 204, First	National Ba	nk, Artesia,	Other (Plea	an aumlain l			
Reason(s) for filing (Check proper bo			Other /Fied	se explain)			
New Well	_	ransporter of:	[—				
Recompletion	Oil	Dry G	<b>=</b>				
Change in Ownership X	Casinghead	Gas Conde	ensate				
If change of ownership give name	Burney Bar	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	, <b>1</b> = 1	ا مداد در	7		
If change of ownership give name and address of previous owner	Nix & Curti	s, P. C. Bu	Cl7. Artesia	, NOW Mex	1 CO		
. DESCRIPTION OF WELL ANI	D LEASE	Pool Name, Including I	Formation	Kind of Leas	se	Lease	No.
Lease Name				State, Feder	al or Fee		
Curtis State		Artesia C.	arbg. SA			ate E-69	146
Location		. •			1		
Unit Letter ;;	Feet From	TheLi	ne and	Feet From	The		
						Cov	inty
Line of Section 2 T	ownship 18	Range		-М,	<u> Fddy                                  </u>		III y
L DESIGNATION OF TRANSPO	OTED AE AH A	ND MATTIDAT C	AC				
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Name of Authorized Transporter of C	Oll or Con	AND NATURAL G	AS Address (Give addres	s to which appro	oved copy of this	form is to be sent)	
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Name of Authorized Transporter of C	DOME A	densate	Address (Give addres				
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Length of Test

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)

Original signed by

J. M. Strader

District Engineer (Title)

November 1, 1966 (Date)

Tubing Pressure (Shut-in)

GAS WELL
Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

Choke Size

Gravity of Condensate

OIL CONSERVATION COMMISSION						
			19			
APPROVED	13 6	1001 H	, 13			
BY	<u> </u>	2006 49				
		F				

This form is to be filed in compliance with RULE 1104.

Bbls. Condensate/MMCF

Casing Pressure (Shut-in)

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.

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.

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