

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

JUN 19 1969

O. C. C.
ARTESIA, OFFICE

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| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

I.

| | |
|--|---|
| Operator DEPCO, Inc. | |
| Address 800 Central, Odessa, Texas 79760 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input type="checkbox"/> | Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Recompletion <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | |
| If change of ownership give name and address of previous owner | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|------------------------------|----------------|---|---|-----------------------|
| Lease Name Dunn B Federal | Well No. 12 | Pool Name, including Formation Artesia Queen Grayburg SA | Kind of Lease State, Federal or Pool | Lease No. |
| Location | | | | |
| Unit Letter B | 660 | Feet From the North | Line and 1980 | Feet From the East |
| Line of Section 10 | Township 18 | Range 28 | N.M.P.M. | County Brewster |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | |
|--|---|------------|------------|--------------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) Phillips Petroleum Company Odessa, Texas | | | |
| If well produces oil or liquids, give location of tanks. | Unit A | Sec. 10 | Twp. 18 | Rge. 28 |
| | | | | Is gas actually connected? Yes |
| | | | | When September 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 | Shut-in |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | FEET | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Feet Depth | | |
| Perforations | | | | | Depth Casing Shoe | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | CEMENT SET | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of well 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 | Shut-in |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |

4. 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) | Shut-in |

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.

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

This form is to be filed in compliance with N.M.C.C. rules.

If this is a request for authorization for shut-in with a gas well, this form must be accompanied by a certificate of the deviation tests taken on the well in accordance with N.M.C.C. rules.

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 IV for new oil wells, well name or number, or transporter or other such change of ownership.

Separate Forms O-104 must be filed for each pool in multiple completed wells.

Chief Production Clerk

(Title)

June 20, 1969

(Date)