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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 Old C-104 and C-105
Effective 1-1-66

JUN 1 1966

C. C. C.
ARTESIA, OFFICE

DEPCO, Inc.
Suite 204

First National Bank Building
Artesia, New Mexico 88210

I.

Operator

Address

P. O. Box 427, Artesia, New Mexico

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership ☒

Change in Transporter oil

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

International-Yates, P. O. Box 427, Artesia, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, including Formation	Kind of Lease
Dunn B Tr. 2		13	Artesia Queen Grayburg SA	State, Federal or Free Federal
Location	Unit Letter	660	Feet From The North	Line and 660
Line of Section	10	Township	18	Range 28
				NMPM, Eddy

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)
Continental Pipe Line Company	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: B, 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	Same Reservoir
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				
TUBING, CASING AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(There must be after recovery of total volume of load oil and must be equal to or exceed top of hole 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 (pilot, back pr.)	Tubing Pressure	Casing Pressure	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]
(Signature)

District Engineer
(Title)

MAY 27 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED *[Signature]*, IS
BY *[Signature]*
TITLE **OIL AND GAS INSPECTOR**

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

If this is a request for allowable for a newly drilled or completed well, this form must be accompanied by a tabulation of the fluid level tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of ownership.

See also Forms C-104 must be filed for each well.