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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION 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-110
Effective 1-1-65

RECEIVED

JUN 1 1966

Operator		DEPCO, Inc.		O. C. C.	
		Suite 204		ARTESIA, OFFICE	
Address		First National Bank Building			
P. O. Box 427, Artesia, New Mexico		Artesia, New Mexico 88210			
Reason(s) for filing (Check proper box)					
New Well	☐	Change in Transporter of	☐	Dry Gas	☐
Recompletion	☐	Oil	☐	Condensate	☐
Change in Ownership	☒	Casinghead Gas	☐		

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 Name, Loc., Including Formation	Kind of Lease
Dunn B Tr. 2		20 Artesia Queen Grayburg SA	State, Federal or Fed Federal
Location			
Unit Letter	H	1980 Feet From The North Line and 660 Feet From The East	
Line of Section	10	Township 18 Range 28, NMPM, Eddy 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)					
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	10	18	28	Yes	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 Res'n. Diff. Res'n.
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 (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-Ebbls.	Water-Ebbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Ebbls. 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.

Instad
(Signature)

District Engineer
(Title)

MAY 27 1966
(Date)

OIL CONSERVATION COMMISSION

JUN 9 1966

APPROVED

BY

TITLE

OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 1004.

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

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

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

Separate Forms C-104 must be filed for each pool or well.