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LAND OFFICE	
TRANSPORTER	OIL ☒ GAS ☒
OPERATOR	
PRORATION OFFICE	

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

Operator DEPCO, Inc.	
Address 800 Central, Odessa, Texas 79760	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: Oil ☒ Dry Gas ☐ Recompletion ☐ Casinghead Gas ☐ Condensate ☐ Change in Ownership ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Dunn B Federal	Well No. 20	Pool Name, including Formation Artesia Queen Grayburg SA	Kind of Lease State, Federal or Free	Section No. 1
Location Unit Letter H 1980 Feet From the North Line and 360 Feet From the East Line of Section 10 Township 18 Range 26, NMPM				

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) Navajo Refining Company, Pipe Line Division 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 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 Early March, 1969

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	Other (Specify)
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			
Perforations		Depth		Feet			
TUBING, CASING, AND CEMENTING REQUIRED							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		Feet			

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of rock oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

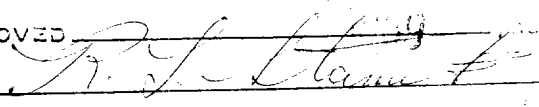
OIL WELL		(Test must be after recovery of total volume of rock oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
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 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)
Chief Production Clerk
(Title)
June 20, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED
BY 
TITLE

This form is to be filed in compliance with the rules and regulations.
If this is a request for shut-in for a well, this form must be accompanied by a copy of the shut-in test taken on the well in accordance with the rules.
All sections of this form must be filled out completely for filing on new and recompleted wells.
Fill out only Sections I, II, III, and IV for a well that is not a well name or number, or transporter or other then change of designation.
Separate Forms O-104 must be filed for each pool in multiple completed wells.