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

Form O-104
Replaces Old O-104 and O-110
RECEIVED
JUN 19 1969
O. E. O.
ARTESIA OFFICE

I. Operator
DEPCO, Inc. ✓

Address
800 Central, Odessa, Texas 79760

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:		Other (Please explain)	
Recompletion	☐	Oil	☒	Dry Gas	☐
Change in Ownership	☐	Casinghead Gas	☐	Condensate	☐

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Dunn B Federal	27	Artesia Queen Grayburg SA	State, Federal or Free	Federal
Location				
Unit Letter	I	660	Feet From	East
Line of Section	12	Township	18	Range
			28	NMPM,
			Edgy	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)
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	Sec.
	A	10
		18
		28
		Yes
		4-20-58

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 Resist. Drill Resist.
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		BACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top flow-able 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 (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

JUN 23 1969

APPROVED

BY

OIL AND GAS INSPECTOR

TITLE

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

If this is a request for allowable for a new, drilled or reworked well, this form must be accompanied by a submission of the completion tests taken on the well in accordance with RULE 1004.

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.

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