		^ <u></u>			
	NO. OF COPIES RECEIVED				
	DISTRIBUTION		DNSERVATION COMMISSION	Form C-1 64	
ŀ	SANTA FE	REQUEST F	FOR ALLOWABLE	Supersuado Old C-104 and C-110 Effective 1-1-35	
1	FILE		AND		
ŀ	U.S.G.S.	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL	RECEIVEN	
	LAND OFFICE	-			
	TRANSPORTER GAS /				
ŀ	OPERATOR 2			Jac. L. 9 1039	
	PRORATION OFFICE	-			
1.	Operator			ARTEBIA, OFFICE	
	DEPCO, Inc. 🖌				
	Address				
	800 Central, Odessa, Texas 79760				
	Reason(s) for filing (Check proper box		Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion	Oil X Dry Gas			
	Change in Ownership	Casinghead Gas Condens			
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND	LEASE			
	Lease Name	Well No. Pool Name, Including Fo		-1 E	
	State 647 AC 713	131 Artesia Queen	Grayburg SA State, Federa	State 647	
	Location				
	Unit LetterJ_; 1980)Feet From The <u>SOUth</u> Line	e and <u>1980</u> Feet From	The <u>Past</u>	
				THAY County	
	Line of Section 15 To	wnship <u>]8</u> Range	<u>28</u> , <u>NMPM</u> ,	<u> </u>	
	DESCRIPTION OF THE ANGROP	TTO OF ON AND NATURAL GA	<i>د</i>		
11.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be sent)	
		oany, Pipe Line Divisio	n Artesia, New Mexi	со	
	Name of Authorized Transporter of Ca	singhead Gas X or Dry Gas	Address (Give address to which appro	wed copy of this form is to be sent;	
	Phillips Petroleum C		Odessa, Texas		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	nen	
	give location of tanks.	H 15 18 28	Yes	September, 1960	
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:		
	COMPLETION DATA				
	Designate Type of Completion - (X)				
	Designate Type of Completing	l		P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	<i>с.</i>	
		Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Pointation			
	Perforations			Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKE CENENT	
			· · · · · · · · · · · · · · · · · · ·		
			1		
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oi. opth or be for full 24 hours)	l and must be equal to or exceed top allow-	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas i	lft, etc.j	
	Date First New Oil Hun 10 1 dnks				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bble.	Water-Bbls.	Gas - MOF	
	-				
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Grevny of Condunuate	
			Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Sudd-11)	0.020 0.000	
				ATION CONSULATION	
VI.	CERTIFICATE OF COMPLIAN	ICE		ATION COMMISSION $123-1969$	
	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.		APPROVED	1 2 3 1303	
				1 an #3	
			BY	AD INDRAFAR	
	\sim		TITLE OIL AND GAS INSPECTOR		
	Mason		This form is to be filed in	, compliance with RULE 1960. Whible for a newly firlied or ecuponed	
((Signature)		I wall this form must be second	aniod by a thought of the tevasion	
-	Chief Production Clerk		tosts taken on the well in accordance with AULL 111.		
	(Title)		All sections of this form must be inited out completely for allow- able on new and recompleted wolls.		
	June 20, 1969		Will out only Sections I W. TW. Int. VI for changes of owner,		
		Date)	well name or number, or transpo	rter, or other such change of condition.	
	1-		Separate Forms C-104 mu	ist be filled for each pool in multiply	
			completed wells.		