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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 O-104
Supersedes Old O-104 and O-110
Effective 1-1-65

RECEIVED

JUN 1 1966

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

If change of ownership give name and address of previous owner International-Yates, P. O. Box 427

II. DESCRIPTION OF WELL AND LEASE

Lease Name	State 647	Lease No.	70	Pool Name, including Formation	Artesia Queen Grayburg SA	Kind of Lease	State, Federal or Fee	State
Location	Unit Letter	E	660	Feet From The	West	1980	Feet From The	North
Line of Section	27	Township	18	Range	28	NMPM	Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate	Continental Pipe Line Company	Address (Give address to which approved copy of this form is to be sent)	Artesia, New Mexico				
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas	Phillips Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent)	Odessa, Texas				
If well produces oil or liquids, give location of tanks.	Unit	Sect.	Twp.	Range	Is gas actually connected?	When	September, 1960
	F	27	18	28	Yes		

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 Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.S.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Oil 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 (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-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	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

JUN 9 1966

APPROVED _____, 1966

BY M. L. Armstrong

TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 110.

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

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 ownership, well name or number, or transporter, or other such change of condition.

Separate Forms O-104 must be filed for each well in a field.