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

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JUN 1 1966

I. Operator	DEPCO, Inc. Suite 204	D. C. C. ARTESIA, N.M.
Address P. O. Box 427, Artesia, New Mexico 88210		
Reason(s) for filing (Check proper box)		
New Well	Change in Transporter of:	
Recompletion	Oil	Dry Gas
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas	Condensate

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 No.	Well No.	Well Name, including Formation	Kind of Lease
Lease Name		State E-1288	81	Artesia Queen Grayburg SA	State, Federal or Fee
Location		Unit Letter	G	1650	Feet From The North Line and 2310 Feet From The East
Line of Section		27	Township	18	Range 28, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate	Continental Pipe Line Company	Artesia, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas	Phillips Petroleum Corporation	Odessa, Texas	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	F	27	18
Is gas actually connected?	Yes	When	September, 1960

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rec'y.	Diff. Rec'y.
Designate Type of Completion - (X)									
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 OIL WELL		(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for test 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		Bbls. Condensate/MWCF		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure		Choke Size	
Testing Method (pilot, back pr.)	Tubing Pressure				

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 2 / 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, IS
BY M. L. Armstrong
TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.
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 owner, well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in which the well is producing.