| ſ | NO. OF COPIES RECEIVED 5 | | | |
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| | DISTRIBUTIO | | | |
| | SANTA FE | 1 | | |
| | FILE | | 1 | |
| | U.S.G.S. | | | |
| | LAND OFFICE | | | |
| | TRANSPORTER | OIL | , | |
| | TRANSFORTER | GAS | | <u>L</u> |
| | OPERATOR | | / | |
| 1. | PRORATION OFFICE | | | <u>. </u> |
| | Operator | | | |

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWARIE

Form C-104 Supersedes Old C-104 and C-110

| L | | KEQUESTIF | OR ALLOWADEL | Effective 1-1-65 | | | |
|-----|--|---|--|---|--|--|--|
| | FILE | | AND | | | | |
| } | U.S.G.S. | AUTHODIZATION TO TOA | | CAS | | | |
| } | | AUTHURIZATION TO TRAF | ASPORT OIL AND NATURAL | GASFECTIVED | | | |
| - | LAND OFFICE | | | | | | |
| | TRANSPORTER | | | | | | |
| - | GAS | | | AUG 4 1967 | | | |
| | OPERATOR / | | | | | | |
| 1. | Operator | | | | | | |
| - 1 | • | | | ARTESIA, OFFICE | | | |
| ļ | DEPCO, Inc. | | | | | | |
| | Suite 204, First National Bahk, Artesia, New Mexico 88210 | | | | | | |
| ļ | Suite 204, First | Other (Please explain) | | | | | |
| - 1 | Reason(s) for filing (Check proper box) | | Office (1 tease explain) | | | | |
| Ì | New Well | Change in Transporter of: | | l | | | |
| | Recompletion | Oil Dry Gas | F7 , | mber to Lease Name | | | |
| ĺ | Change in Ownership | Casinghead Gas Condens | sate | | | | |
| | | | | / | | | |
| | If change of ownership give name and address of previous owner | | | | | | |
| | | | | | | | |
| H. | DESCRIPTION OF WELL AND I | LEASE | | | | | |
| i | Lease Name | Well No Pool Name, Including Fo | | | | | |
| | State 647 AC 71 | 1 92 Artesia Queen | Grayburg SA State, Fede | State 647 | | | |
| | Location | | , , | | | | |
| | Unit Letter N ; | 90 Feet From The South Line | and 1650Feet From | n The West | | | |
| | Unit Letter, | 7)0 1 cc (1 cm 1 m | | | | | |
| | Line of Section 27 Tow | vnship 18 Range | 28 , NMPM, | Eddy County | | | |
| 1 | | | | | | | |
| TT | DESIGNATION OF TRANSPORT | TER OF OIL AND NATURAL GAS | S | | | | |
| | Name of Authorized Transporter of Oil | or Condensate | Address (Give address to which app | roved copy of this form is to be sent) | | | |
| į | | | Artasia New Me | cico. | | | |
| | Continental Pipe | singhead Gas Control of Dry Gas | Address (Give address to which app | roved copy of this form is to be sent) | | | |
| | | | | | | | |
| | Phillips Petrole | Unit Sec. Twp. Rge. | Is gas actually connected? | When | | | |
| | If well produces oil or liquids, give location of tanks. | | Vos | September, 1960 | | | |
| | <u></u> | F 27 18 28 | | September, 1900 | | | |
| | | th that from any other lease or pool, g | give commingling order number: | | | | |
| IV. | COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Resty, Diff. Rest | | | |
| | Designate Type of Completion | on - (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 | | | |
| | 2.5 · 5.15 · 6.15 · 6.15 · 6.16 · 6.1 | | | | | | |
| | Perforations | | | Depth Casing Shoe | | | |
| | Perioditions | | | | | | |
| | TUBING, CASING, AND CEMENTING RECORD | | | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | |
| | HOLE SIZE | 0.00110 0.1001110 0.100 | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | 1 | | | | |
| | | OD ALLOWARY E | from an account of social values of land | oil and must be equal to or exceed top allo | | | |
| V. | TEST DATA AND REQUEST F | UK ALLUWABLE (Test must be a) able for this de | pth or be for full 24 hours) | | | | |
| | OIL WELL Date First New Oil Run To Tanks | Date of Tes: | Producing Method (Flow, pump, gas | lift, etc.) | | | |
| | Said I have been seen as | | | | | | |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size | | | |
| | Longin of You | | | | | | |
| | Actual Prod. During Test | Oil-Bbls. | Water - Bbls. | Gas-MCF | | | |
| | Actual Float Burning 1991 | | | | | | |
| | | | 1 | | | | |
| | GAS WELL | | | | | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | | | |
| | | _ | | _ | | | |
| | The state of the s | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | | | |
| | Testing Method (pitot, back pr.) | . aning Liesema (ounc. ru) | | | | | |
| | | | | VATION COMMISSION | | | |
| VI. | CERTIFICATE OF COMPLIANCE | | OIL CONSER | VATION COMMISSION | | | |
| | | | ABBROVED | 101967 | | | |
| | I hereby certify that the rules and | regulations of the Oil Conservation | APPROVED | | | | |
| | C instant house been complied | with and that the information given e best of my knowledge and belief. | BY W. a. bressett | | | | |
| | andve is title wild complete to the | | | \$50 0 73 \$ | | | |
| | _ | | TITLE | | | | |
| | 1 | | I say to to to be filed | in compliance with RULE 1104. | | | |

(Signature)

District Engineer
(Title)

August 4, 1967

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 condition.