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DISTANCE -
DATE -
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CLASS -
LAND OFFICE -
TRANSPORTER -
OPERATOR -
PRODUCTION OFFICE -

NEW MEMORANDUM OF CONCERNATION COMMISSION
REQUEST FOR ALLOWABLE
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

JUN 19 1939

O. C. C.
ARTESIA, OFFICE

Operator
DEPCO, Inc.
Address
800 Central, Odessa, Texas 79760
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of ☐
Redemption ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Oil/Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

I. IDENTIFICATION OF WELL AND LEASE
Lease Name State 847 AC 711 92 Artesia Queen Grayburg SA State, Federal or Free State 847
Location
Unit Letter H 990 Feet From The South Line and 1850 Feet From The
Line of Section 27 Township 18 Range 23

II. DESIGNATION OF AUTHORIZED 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 Oil/Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Corporation Odessa, Texas
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
E 27 18 23 Yes September, 1939

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

IV. COMPLETION DATA
Designate Type of Completion - (R)
Date Spudded Date Compl. Ready to Prod. Total Depth
Elevations (DF, RAB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay True Depth
Perforations
Casing & Tubing Size DEPTH - FEET

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of test oil and gas or equivalent of expected top oil)
Oil Well
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, etc.)
Length of Test Tubing Pressure Casing Pressure Gage Size
Actual Prod. During Test Oil + Gas Water + Gas Separator
GAS WELL
Actual Prod. Test - MOF/D Length of Test Effl. Condensate/MMOF Gravity of Condensate
Testing Method (Flow, back prod.) Tubing Pressure (Initial - PSI) Casing Pressure (Initial - PSI) Gage 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
June 20, 1939
Date
OIL CONSERVATION COMMISSION
APPROVED BY
OIL AND GAS INSPECTOR
This form is to be filed in duplicate with the local office.
It is the responsibility of the operator to maintain the correct record of the well and to report any change in the well to the local office.
This form must be submitted to the local office within 10 days of the date of completion of the well or of the date of the first production of oil or gas.
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