NO. OF COPIES RECEIVED	-		
DISTRIBUTION	NEW MEXICO OIL C	NEW MEXICO OIL CONSERVATION COMMISSIO	
SANTA FE	REQUEST FOR ALLOWABLE		
FILE	- ' 1	AND	
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATU	
OIL			
GAS GAS			
OPERATOR			
PRORATION OFFICE			
Operator		DEPCO, Inc.	
Address	<b>)</b>	Suite 204 First National Bank	
Reason(s) for filing Check proper to	Artesia, New Mexico	Artesia, New Mexico Other (Please expla	
New Well	Change in Transporter of:		
Recompletion	Cil Dry Ga	<del></del>	
Change in Ownership	Casingheta Gas Conder	nsate	
change of ownership give name nd address of previous owner	International-Yates, P.	0. Box 427, Artesi	
DESCRIPTION OF WELL AND Lease Name	Lease No. Well No. Pool Na	me, Including Formation	
State 647	93 Arte	sia Queen Grayburg	
Unit LetterC;	330 Feet From The North Lin	e and <u>3630</u> Fee	
Line of Section 27 T	ownship 18 Range	28 , NMFM,	
ESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	Andress (Give address to whic	
Name of Authorized Transporter of O			
Continental Pipe L Name of Authorized Transporter of D	asingread Gas or Dry Gas	Artesia, New Me Address (Give address to which	
	Unit Set. Twp. Ege.	Is gas actually connected?	
If well produces oil or liquids, give location of tanks.	F 27 18 28		
f this production is commingled w	with that from any other lease or pool,		
Designate Type of Complet	ion - (X)	New Well Workover Des	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	
		<u> </u>	
Perforations			
	TUDING CASING AND	CEMENTING BECORD	
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD  DEPTH SET	
HOLE SIZE	OASINO U TOURS		
FEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of epth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump	
Length of Test	Tubing Pressure	Casing Pressure	
	201	Water - Bb.s.	
Actual Prod. During Test	Cil-Bbls.	water - Bb.s.	
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	
CERTIFICATE OF COMPLIA	NCE	OIL CONS	
LIVINIONIE OF COMPEN.	·· <del>· · ·</del>		
hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	
Commission have been complied	with and that the information given he best of my knowledge and belief.	BY /// (/)	
The second secon	- <del>-</del>		
0		TITLE Oct day	
Original signed by		This form is to be fi	
J. M. Strader		If this is a request	

(Date)

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

SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL G	
LAND OFFICE	AUTHORIZATION TO TRA	NATION OF AND NATIONAL G	RESEIVED
IRANSPORTER OIL /			
GAS			ttethe 4 then
OPERATOR	_		UUN 1 1366
PRORATION OFFICE  Operator		DEDCO I	n. c. c.
		DEPCO, Inc. Suite 204	CONTEST, DEFICE
Address		First National Bank Building	
B 0 B 107	America Harrison	Artesia, New Mexico 88210	
Reason(s) for filing (Check proper bos	Aftesia, New Mexico	Other (Please explain)	
New Well	Change ii: Transporter of:		
Recompletion	Cil Dry Gas	<del></del>	
Thange in Ownership X	Casinghetd Gas Conden	134.6	
If change of ownership give name	International-Yates, P.	O. Box 427. Artesia. New	y Mexico
and address of previous owner	111011101111111111111111111111111111111	o. box ic/ / / Leg/a He	
DESCRIPTION OF WELL AND	LEASE		
Lease Name	Lease to.   Well No.   Pool Nam	ne, Including Formation	Kind of Lease State, Federal of Fee
State 647		sia Queen Grayburg SA	State State
Lecation	120 Nomels	3630	Face
Unit Letter;;	30 Feet From The North Line	e and <u>3630</u> Feet From T	he <u>LASI</u>
Line of Section <b>27</b> To	ewnship 18 Range	28 , NMFM, Eddy	County
	10		
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S	
Name of Authorized Transporter of Ci	or Condensate	Address (Give address to which approve	ed copy of this form is to be sent)
Continental Pipe Li	ne Company asingneed Gas or Dry Gas	Artesia, New Mexico Address (Give address to which approve	ed copy of this form is to be sent)
Name of Authorized Transporter of Co	isinghed Gds of Diy Gds	Addiens to the dadress to total approve	,
<b># 10 40 40 40</b>	Unit Sec. Twp. Rge.	Is gas actually connected? When	G
If well produces oil or liquids, give location of tanks.	F 27 18 28	No	
If this production is commingled w	ith that from any other lease or pool,		
COMPLETION DATA			
Designate Type of Completi	Cil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty, Diff. Resty,
		Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	1.3,1.5.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil, Gas Pay	Tuking Depth
(51, Kil), Kil, SK, Etc.,			
Perforations			Depth Casing Shoe
		CEMENTING RECORD	CACKE CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil a	nd must be equal to or exceed top allow-
OIL WELL	able for this de	pth or be for full 24 hours)  Producing Method (Flow, pump, gas lift	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gus lift	, etc.)
	Tubing Pressure	Casing Pressure	Choke Size
Length of Test	. ubility Products	: <del>Caronia</del>	
Actual Prod. During Test	Off-Bhis.	Water - Bbls.	Gos - 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
esting Method (pitot, buck pr.)	Lubing Pleasure	O.D.	
CERTIFICATE OF COURT IA	L	OU CONSERVA	TION COMMISSION
CERTIFICATE OF COMPLIAN	ICE	OIE CONSERVA	· ·
I handly contify that the rules and	regulations of the Oil Conservation	APPROVED	, 19
Commission have been complied	with and that the information given	111£ arille	45110
above is true and complete to the	ne best of my knowledge and belief.	BY ///w (1) it let	
		TITLE Oct day with	· · · · · · · · · · · · · · · · · · ·
Original signed by		This form is to be filed in c	ompliance with RULE 1104.
J. M. Strader		If this is a request for allow	able for a newly drilled or deepened
	nature)	well, this form must be accompant tests taken on the well in accord	ied by a tabulation of the deviation
D strict Engineer		All sections of this form mus	t be filled out completely for allow-
AAY 2 7 1966 : (Title)		able on new and recompleted we	lls. III and VI for changes of owner,

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.