NO. OF COPIES RECEIVED			3	
DISTRIBUTION				
SANTA FE		1		
FILE		1		
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	1		
	GAS	1		
OPERATOR		1		
		I	1	

August 4, 1967

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

50.5	REQUESTI	AND	Effective 1-1-65	
FILE /	AUTHORIZATION TO TRAN	AND O TRANSPORT OIL AND NATURAL GASR ECEIVED		
U.S.G.S.	AUTHORIZATION TO TRAF	ASPORT OIL AND NATURAL	GAST E E E I V E D	
OIL /	1			
TRANSPORTER			AUG 4 1967	
			1102 4 2007	
OPERATOR /	-			
PRORATION OFFICE			ARTESIA, OFFICE	
Operator			Control of Figure	
DEPCO, Inc.				
Address				
Suite 204, Firs	<u>t National Bank, Artesia</u>	New Mexico 88210 Other (Please explain)		
Reason(s) for filing (Check proper box		Offier (Flease explain)		
New Well	Change in Transporter of:		mber to Lease Name	
Recompletion	Oil Dry Gas		1. 1. 1. 1.	
Change in Ownership	Casinghead Gas Condens	sate	Mary to tank	
		:	,	
If change of ownership give name and address of previous owner				
and address of previous owner				
. DESCRIPTION OF WELL AND	LEASE			
Lease Name	Well No. Pool Name, Including Fo	rmation Kind of Lea	se Lease No.	
State 647 AC 7	11 90 Artesia Queen	Gravhura SA State, Feder	ral or Fee State 647	
Location	11 JO Altesia Jucen		- 01,	
	O many Managers	≥ and <b>LQ50</b> Feet From	The Fact	
Unit Letter D; 33	Feet From The North Line	reet ron		
		2Ω , NMPM,	County	
Line of Section 34 To	wnship 18 Range	28 , NMPM,	Eddy	
	AND NATURAL CA	8		
. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which appr	oved copy of this form is to be sent)	
Name of Authorized Transporter of Oil				
Continental Pip	e Line Company	Artesia, New Mea	over copy of this form is to be sent)	
Name of Authorized Transporter of Ca	singhead Gas 🗶 of Dry Gas 🔝	Address (Give address to which upp	over copy of this fermi is in the same	
Phillips Petrol	eum Corporation	Is gas actually confected?	n	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	/hen	
give location of tanks.	F 27 18 28	Yes	September, 1960	
	ith that from any other lease or pool,	give commingling order number:	•	
	ith that from any other lease of poor,			
7. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Rest	
Designate Type of Completi	on $-(X)$			
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Date Spudded	Date Campi: Reday to 1100.			
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Connection			
			Depth Casing Shoe	
Perforations				
		CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			<u>i</u>	
	TOP ATTOWARTE //	fter recovery of total volume of load o	oil and must be equal to or exceed top allo	
V. TEST DATA AND REQUEST I	OK ALLUWABLE (1 est 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 Test	Producing Method (Flow, pump, gas	lift, etc.)	
Date First New Oil Mun To Tanks	3			
	Trubbe a Properties	Casing Pressure	Choke Size	
Length of Test	Tubing Pressure			
		Water - Bbls.	Gas - MCF	
Actual Prod. During Test	Oil-Bbls.	Hare - Dois.		
		<u></u>		
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
restrict Marinor (hinori pages bee)	<u> </u>			
		OIL CONSER	VATION COMMISSION	
VI. CERTIFICATE OF COMPLIA	NCE	OIL CONSERVATION COMMISSION		
		Hanney AUG	1 0 1967 19	
I hereby certify that the rules and	regulations of the Oil Conservation			
. 110,003 0011013	regulations of the case			
			ressect	
	with and that the information given he best of my knowledge and belief.	BY W, W, X		
		BY W, W, X	NO BAS INSPECTOR	
		TITLE - OIL S	ND GAS INSPECTOS	
		TITLE This form is to be filed	in compliance with RULE 1104.	
Commission have been complied above is true and complete to t	he best of my knowledge and belief.	TITLE This form is to be filed	in compliance with RULE 1104.	
Commission have been complied above is true and complete to t	he best of my knowledge and belief.	TITLE  This form is to be filed  If this is a request for al well, this form must be accordance taken on the well in accordance to the well in accordance taken on the well in accordance take	ND GAS INSPECTOS	

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.

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