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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION 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 First National Bank Building Artesia, New Mexico 88210		O. C. C. ARTESIA, OFFICE	
Address		P. O. Box 427, Artesia, New Mexico			
Reason(s) for filing (Check proper box)		Other (Please explain)			
New Well	Change in Transportation				
Redcompletion	Oil	Dry Gas			
Change in Ownership ☒	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 Name, Post Name, Including Formation		Kind of Lease	
State 647		127		Artesia Queen Grayburg SA		State, Federal or Free State	
Location		Unit Letter B 660 Feet From The North Line and 1980 Feet From The East					
Line of Section 3		Township 18		Range 28		N.M.P.M. Eddy County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NAT. GAS		Name of Authorized Transporter of Oil ☒ or Condensate ☐		Address (Give address to which approved copy of this form is to be sent)			
Continental Pipe Line Company		Artesia, New Mexico					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐		Phillips Petroleum Corporation		Odessa, Texas			
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Exp.	Reg.	Is gas actually connected?	When
		B	3	18	28	Yes	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 Reservoir	Diff. Reservoir
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (OF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Key		Tubing Depth					
Perforations		Depth Casing Shoe							
TUBING, CEMENT 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 this 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		Boils. Condensate/MXCF		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test				
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke 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.

J. J. Smith
(Signature)
District Engineer

MAY 27 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED 11/11/66, 1966

BY M. L. Brunking

TITLE Request for Allowable

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 condition.

Form C-104 must be filed for each well in which production is being requested.