| NO. OF COPIES RECEIVED | |
|--|---|
| SANTA FE | NEW MEXICO OIL CON REQUEST FO |
| FILE /- | |
| U.\$.G.\$. | AUTHORIZATION TO TRANS |
| LAND OFFICE | |
| TRANSPORTER GAS / | |
| OPERATOR 2 | |
| Operator V | <u> </u> |
| DEPCO, Inc. | |
| Suite 204, Firs | t National Bank, Artesia, |
| Reason(s) for filing (Check proper box, | Change in Transporter of: |
| Recompletion | Oil Dry Gas |
| Change in Ownership | Casinghead Gas Condense |
| If change of ownership give name and address of previous owner | |
| I. DESCRIPTION OF WELL AND | LEASE. Well No. Pool Name, Including Form |
| Lease Name Artesia Unit | 60 Artesia Oueen (|
| Location | |
| Unit Letter / N ; 1 | 880 Feet From The West Line |
| Line of Section 3 To | wnship 18 Range |
| DESIGNATION OF TRANSPOR | TER OF OIL AND NATURAL GAS |
| Name of Authorized Transporter of Oll | or Condensate |
| Continental Pip Name of Authorized Transporter of Ca | e Line Company |
| Phillips Petrol | i |
| | Unit Sec. Twp. Rge. |
| give location of tanks. | L 2 18 28 |
| If this production is commingled wi | th that from any other lease or pool, g |
| Designate Type of Completi | on - (X) |
| Date Spudded | Date Compl. Ready to Fred. |
| Date Spuaded | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation |
| Perforations | |
| | TUBING, CASING, AND |
| HOLE SIZE | CASING & TUBING SIZE |
| | |
| | |
| | |
| V. TEST DATA AND REQUEST F | OR ALLOWABLE (Test must be aft able for this dep |
| Oll. WELL Date First New Oil Run To Tanks | Date of Test |
| Date First New Oil Num 10 1 and | |
| Length of Test | Tubing Pressure |
| Total Durker Total | Oil-Bbls. |
| Actual Prod. During Test | On-Bha. |
| GAS WELL | |
| | 1 1 1 1 T - 1 |
| Actual Prod. Test-MCF/D | Length of Test |
| | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) |
| Testing Method (pitot, back pr.) VI. CERTIFICATE OF COMPLIAN | Tubing Pressure (Shut-in) |
| Testing Method (pitot, back pr.) VI. CERTIFICATE OF COMPLIAN I hereby certify that the rules and | Tubing Pressure (Shut-in) NCE regulations of the Oil Conservation with and that the information given |
| Testing Method (pitot, back pr.) VI. CERTIFICATE OF COMPLIAN I hereby certify that the rules and | Tubing Pressure (Shut-in) |
| Testing Method (pitot, back pr.) VI. CERTIFICATE OF COMPLIAN I hereby certify that the rules and | Tubing Pressure (Shut-in) NCE regulations of the Oil Conservation with and that the information given |

(Signature)

(Title)

District Engineer

November 1, 1967
(Date)

NSERVATION COMMISSION

Form C-104

| SANTA FE | REQUEST | FOR ALLOWABLE | Supersedes Old C-104 and C-11 Effective 1-1-65 |
|--|--|---|--|
| U.S.G.S. | AUTHODIZATION TO TRA | AND NSPORT OIL AND NATURAL (| EAS WILLIAM STATE |
| LAND OFFICE | AUTHORIZATION TO TRA | MATORI OIL AND MATORAL C | GAS TO THE STATE OF THE STATE O |
| TRANSPORTER OIL / | | | R. S. Carlotte |
| GAS / | | | 4 6 39 6 7 |
| PRORATION OFFICE | + | | The second secon |
| Operator (/ | 1 | | The state of the s |
| DEPCO, Inc. | | | 3 |
| Address | A National Book - Autori | - Nov. Marrian 99210 | |
| Reason(s) for filing (Check proper box | <u>t National Bank. Artesi</u> | Other (Please explain) | |
| New Well | Change in Transporter of: | Change lease name | me, well number, and |
| Recompletion | Oil Dry Go | is location of tank | ks.From Resler State |
| Change in Ownership | Casinghead Gas Conde | #1Y. | |
| If change of ownership give name and address of previous owner | | | |
| and address of previous owner | | | |
| DESCRIPTION OF WELL AND Lease Name | Well No. Pool Name, Including F | ormation Kind of Leas | se Lease No. |
| Artesia Unit | 60 Artesia Oueen | | al or Fee State 647 |
| Location | | | |
| Unit Letter / N ; 1 | 880 Feet From The <u>West</u> Lin | ne and <u>660</u> Feet From | The South |
| | 10 0 | 28 , NMPM, | Eddy County |
| Line of Section 3 To | wnship 18 Range | 28 , NMPM, | Eddy |
| DESIGNATION OF TRANSPOR | TER OF OIL AND NATURAL GA | AS | |
| Name of Authorized Transporter of Of | or Condensate | Address (Give address to which appro | |
| Continental Pip Name of Authorized Transporter of Ca | e Line Company stinghead Gas or Dry Gas | Artesia, New Mexico Address (Give address to which appro | oved copy of this form is to be sent) |
| Phillips Petroi | | Odessa, Texas | |
| if well produces oil or liquids, | Unit Sec. Twp. Rge. | Is gas actually connected? | hen |
| give location of tanks. | L 2 18 28 | Yes | |
| If this production is commingled w | ith that from any other lease or pool, | give commingling order number: | |
| COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Resty. Diff. Rest |
| Designate Type of Completi | on – (X) | | 1 |
| Date Spudded | Date Compl. Ready to Frod. | Total Depth | P.B.T.D. |
| | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | 100 011, 0110 1 | |
| Perforations | | | Depth Casing Shoe |
| | | | |
| | | DEPTH SET | SACKS CEMENT |
| HOLE SIZE | CASING & TUBING SIZE | DEF (H SE) | |
| | | | |
| | | | |
| | | | it and much be equal to or exceed top all |
| TEST DATA AND REQUEST I | FOR ALLOWABLE (Test must be able for this c | iepth or be for full 24 hours) | il and must be equal to or exceed top allo |
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas | lift, etc.) |
| | | | Choke Size |
| Length of Test | Tubing Pressure | Casing Pressure | 0.020 2.20 |
| Actual Prod. During Test | Oil-Bbls. | Water - Bbis. | Gas - MCF |
| Actual Piod. Builing 100. | | | |
| I | | | |
| GAS WELL | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Actual Prod. Test-MCF/D | Paulity or 1 apr | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| | | | |
| . CERTIFICATE OF COMPLIA | NCE | OIL CONSER\ | ATION COMMISSION |
| | | APPROVED | , 19 |
| a | d regulations of the Oil Conservation with and that the information give | n / / / / / / / / / / / / / / / / / / / | net |
| above is true and complete to t | he best of my knowledge and belief | BY | |
| | | TITLE | |
| Original si | igned by | This form is to be filed i | n compliance with RULE 1104. |
| J. M. Strader | | no at the second of the off | lowable for a newly drilled or deepen |

If this is a request for allowable for a newly drilled or despended 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.

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