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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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

RECEIVED
JUN 1 1966
O. C. C.
ARTESIA, OFFICE

I. Operator [redacted]

DEPCO, Inc.
Suite 204
First National Bank Building
Artesia, New Mexico 88210

Address: P. O. Box 427, Artesia, New Mexico

Reason(s) for filing (Check proper box)

New Well: ___ Change in Transporter of: Oil: ___ Dry Gas: ___ Condensate: ___
Recompletion: ___
Change in Ownership: X Casinghead Gas: ___

Other (please explain)

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 Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
State 647		199	Artesia Queen Grayburg SA	State, Federal or Fee: State

Location
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East

Line of Section 33 Township 18 Range 28 NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X 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 X 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
	G	33	18	28	Yes	July, 1964

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

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

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

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

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)
District Engineer
(Title)
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 9 1966, 19___
BY M L Armstrong
TITLE Petroleum Engineer

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 operator, 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.