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U.S.G.S.	
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

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JUN 1 1966

1. Operator		DEPCO, Inc.	
Address		Suite 204	
P. O. Box 427, Artesia, New Mexico		First National Bank Building	
Reason(s) for filing (Check proper box)		Artesia, New Mexico 88210	
New Well	Change in Transporter oil	Other (Please explain)	
Recompletion	Oil		
Change in Ownership	Casinghead Gas	Condensate	

D. C. C.
ARTESIA, OFFICE

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		200	Artesia Juan Grayburg SA	State, Federal or Tex. State
Location				
Unit Letter	M	660	Feet From The South	Line and 330 Feet From The West
Line of Section	23	Township	18	Range 23, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL 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	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.	Age.	Is gas actually connected?	When
	P	22	18	23	Yes	4-4-64

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

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
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.

[Signature]
(Signature)

District Engineer
(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED 1966, 10

BY *[Signature]*

TITLE **OIL AND GAS INSPECTOR**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or recompleting well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 1101.

All sections of this form must be filled out completely for all wells 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 such change of condition.