	•		
NO. OF COPIES RECEIVED		•	
DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION COMMISSION	Form C-184
SANTAFE	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-11 Effective 1-1-65
FILE		AND	RECEIVED
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (GAS
LAND OFFICE			AAAD o mattan
TRANSPORTER		•	MAR 2 7 1539
OPERATOR 4			O. C. C.
PRORATION OFFICE			
Operator	·		
DEPCO, Inc.			
Address	70760		
800 Central, Odessa, Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of:	:_ Change Lease N	ame
Recompletion	Oil Dry Go		ater Injection Well.
Change in Ownership	Casinghead Gas Conde	1 1	
			<i>:</i>
f change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND I	LEASE Lease No. Well No. Pool No.	ame, including Formation	Kind of Lease
Dunn B Federal	_	sia Queen Grayburg SA	State, Federal or Fee Federal
Location	1 30 171 663	The Queen draybung on	
	O Feet From The South Lie	ne and 1980 Feet From	The West
Unit Letter ;			
Line of Section Tow	mship 18 Range 2	28 , NMPM,	Eddy County
		4.0	
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate	AS Address (Give address to which appro	oved copy of this form is to be sent)
Name of Authorized Transporter of On			
Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			•
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wi	nen
give location of tanks. WAT	ER INJECTION WELL !		·
If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Rest
Designate Type of Completio		† † † † † † † † † † † † † † † † † † †	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5 di			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Dark Carlos Share
Perforations			Depth Casing Shoe
		D GENEVENING DECOED	
		DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTRISET	3/10/13 02/11/2/
	-		
TEST DATA AND REQUEST FO	OR ALLOWARIE (Test must be	after recovery of total volume of load oi	l and must be equal to or exceed top alle
OIL WELL	able for this d	lepth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	ijt, etc.)
		Coolog Diores	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	CHOKO DIDO
	Oil-Bbls.	Water - Bols,	Gae - MCF
Actual Prod. During Test	0.1 - D.1.51		
	<u> </u>		
GAS WELL			
Actual Prog. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
·		1	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
CERTIFICATE OF COMPLIANCE		OIL CONSERV	ATION COMMISSION
CLICAL COME DAMA		/ 20	
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	$\frac{1}{1069}$, 19
Commission have been complied valoue is true and complete to the	with and that the information given	By W.a. A	ressett
above is true and complete to the	Dear of the knowledge and belief.	· : • · · · · · · · · · · · · · · · · · ·	

D. R. Mason

(Signature)

(Title)

(Date)

Chief Production Clerk

March 25, 1969

02 172 112 111 TITLE _

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.

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