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TRANSPORTER	OIL / GAS /
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PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS **RECEIVED**

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

MAY 22 1967

O. C. C.
ARTESIA, OFFICE

I. Operator
Operator DEPCO, Inc.

Address
Suite 204, First National Bank Bldg., Artesia, New Mexico 88210

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>

From Valley Gas Corp.

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

R. 4493 3-16-73

Lease Name <u>Dunn A</u>	Lease No.	Well No. <u>5</u>	Pool Name, Including Formation <u>Loco Hills</u> Artesia Queen Grayburg SA	Kind of Lease State, Federal or Fee <u>Federal</u>
Location				
Unit Letter <u>C</u>	<u>660</u> Feet From The <u>North</u> Line and <u>1655</u> Feet From The <u>West</u>			
Line of Section <u>7</u>	Township <u>18</u>	Range <u>29</u>	, NMPM, <u>Eddy</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>Texas New Mexico Pipe Line</u>	<u>Midland, Texas</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>Phillips Petroleum Company</u>	<u>Odessa, Texas</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>12</u>	Twp. <u>18</u>	Rge. <u>28</u>
	Is gas actually connected? <u>Yes</u>		When <u>Dec 66</u> 6-15-64	

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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
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		
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 (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.

Justin
(Signature)
District Engineer
(Title)
May 19, 1967
(Date)

OIL CONSERVATION COMMISSION

MAY 26 1967

APPROVED _____, 19____
BY *W.A. Gressitt*
TITLE *SALES AND SERVICE SUPERVISOR*

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.