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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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MAY 22 1967

Operator		D. C. C.	
DEPCO, Inc.		ARTESIA, OFFICE	
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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input checked="" type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>
From Valley Gas Corp.			

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE		R-4493 3-16-73	
Lease Name	Lease No.	Well No.	Pool Name, Including Formation
Dunn A		5	Artesia Queen Grayburg SA
Kind of Lease		State, Federal or Fee	
Federal			
Location			
Unit Letter	C	660	Feet From The North Line and 1655 Feet From The West
Line of Section	7	Township	18
Range	29	NMPM,	Eddy
County			


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

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

III. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
			Workover
			Deepen
			Plug Back
			Same Res'v.
			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

IV. 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

V. 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.	
	
District Engineer	
(Title)	
May 19, 1967	
(Date)	

OIL CONSERVATION COMMISSION	
MAY 26 1967	
APPROVED	, 19
BY	W. A. Gressett
TITLE	Assistant Director
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.	