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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

RECEIVED
JUN 23 1969
O. C. C.
ARTEZIA, OFFICE

I.

Operator	DEPCO, Inc.		
Address	800 Central, Odessa, Texas 79760		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well	☐	Change in Transporter of:	☐
Recompletion	☐	Oil	☒ Dry Gas
Change in Ownership	☐	Casinghead Gas	☐ Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.	
State 647	AC 721	201 Artesia Queen Craywing SI	State, Federal or Free	State	
Location					
Unit Letter	C	Feet From The	South	Line and	
	660			2310	
				Feet From The	East
Line of Section	33	Township	18	Range	23
					N. 30. E.

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)				
Navajo Refining Company, Pipe Line Division		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.	Range	Is gas actually connected?	When
	G	33	18	23	Yes	6-23-69

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	Stim. Treat.	Other
Date Spudded	Date Compl. Ready to Prod.		Total Depth		Feet TD			
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		SAGGING OR NOT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load off and must be equivalent of standard test, or able for this depth or at for full 24 hours)

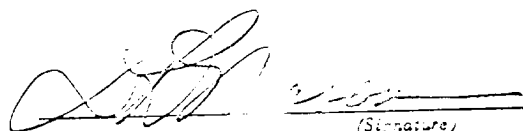
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Shut-In
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Shut-In

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.



Chief Production Clerk

(Title)

June 23, 1969

(Date)

OIL CONSERVATION COMMISSION

JUN 23 1969

APPROVED

BY

OIL AND GAS INSPECTOR

TITLE

This form is to be filed in compliance with Section 10-1-1.

If this is a request for allow, for a new well, or for a new well, this form must be accompanied by a description of the well, tests taken on the well in accordance with the rules.

All sections of this form must be filled out and signed for each well on new and recompleting wells.

Fill out only Sections 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

Separate Forms C-104 must be filed for each well in compliance.