

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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 19 1969

O. C. C.
ARTESIA, 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	☒ Y ☐ 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	State 647 AC 731	Well No.	204	Pool Name, Including Formation	Artesia Queen Grayburg SA	Kind of Lease	State, Federal or Free	Lease No.	317
Location									
Unit Letter	B	660	Feet From The	North	Line and	1980	Feet From The	East	
Line of Section	33	Township	18	Range	28	N.M.P.M.	360	County	DeWitt

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 Company, Odessa, Texas						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
G	33	18	28	Yes	November, 1968	

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 Record	☐ Drill Record
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	CUTTING					

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 as for full 24 hours)

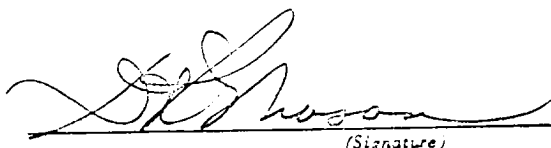
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Shut-in
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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 20, 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

This form is to be filed in compliance with the rules.

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

All sections of this form must be filled out completely for allow on new and recompleted wells.

Fill out only Sections I, II, III, and IV for allow on old well, well name or number, or transporter or other such change of ownership.

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