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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

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

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

I. Operator
DEPCO, Inc.
Address
300 Central, Odessa, Texas 79760
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of: Oil ☒ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
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	County
State 647	AC 721	207 Artesia	State, Federal or Free	El Paso
Location	Unit Letter	1980 Feet From The	South Line and	1990 Feet From The
Line of Section	33	Township	18S	Range

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.	Rge.	Is gas actually connected?	When
	G	33	18	28	Yes	May 22 1969

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 Name	Same Pool
Date Spudded	Date Compl. Ready to Prod.	Total Depth	Producing					
Elevations (OF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Producing Depth					
Perforations	Depth Casing shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	CEMENT					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of loss oil and must be equal to or exceed top allowable for this depth or so 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-Gals.	Water-Gals.	GAS-MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Gals. Condensate/MCF	Gals. of Condensate
Testing Method (pilot, back prod.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Shut-in

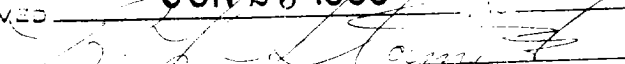
VI. CERTIFICATE OF COMPLIANCE

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.


(Signature)
Chief Production Clerk
June 20, 1969
(Date)

OIL CONSERVATION COMMISSION

JUN 23 1969

APPROVED
BY 
TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with the rules and regulations of the Oil Conservation Commission.
If this is a request for allowable for a new well or for a well which has been plugged back, this form must be accompanied by a statement of the deviation tests taken on the well in accordance with the rules and regulations.
All sections of this form must be filled out completely for all wells on new and recompleted 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 pool in multiple.