

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

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

RECEIVED
JUN 9 1966
O. C. C.
ARTESIA OFFICE

Operator DEPCO, Inc.	
Address Suite 204, First National Bank Bldg. Artesia, New Mexico	
Reason(s) for filing (Check proper box) Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

If change of ownership give name and address of previous owner **International Yates, P. O. Box 427, Artesia, N. M.**

DESCRIPTION OF WELL AND LEASE

Lease Name State 647	Lease No. 647	Well No. 210	Pool Name, including Formation Artesia Queen Grayburg SA	Kind of Lease State, Federal or Fee State
Location Unit Letter B ; 440 Feet From The North Line and 1980 Feet From The East Line of Section 31 Township 18S Range 28E , NMEM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco	Address (Give address to which approved copy of this form is to be sent) Artesia, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> ----	Address (Give address to which approved copy of this form is to be sent) ----					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 30	Twp. 18	Rge. 28	Is gas actually connected? No	When -----

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 5-2-66	Date Compl. Ready to Prod. 6-7-66	Total Depth 2725	P.B.T.D. 1995
Elevations (DF, RKB, RT, GR, etc.) 3564 RT	Name of Producing Formation Grayburg	Top Oil/Gas Pay 1890	Tubing Depth 1903
Perforations 1890-1906 1-inlet incl 2-1/4			Depth Casing Shoe 2-29

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE 11 7 7/8	CASING & TUBING SIZE 8 5/8 5 1/2 2 3/4	DEPTH SET 495 2029 2524	SACKS CEMENT 100 150 250
--	--	---	--

TEST DATA AND REQUEST FOR ALLOWABLE
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)

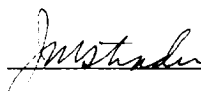
Date First New Oil Run To Tanks 6-7-66	Date of Test 6-8-66	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Oil Prod. During Test 8	Oil-Bbls. 8	Water-Bbls. 0	Gas-MCF ---

WELL

Oil Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Flowing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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 is true and complete to the best of my knowledge and belief.


(Signature)

District Engineer
(Title)

June 9, 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY 
TITLE _____

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.