

NO. OF COPIES RECEIVED		6
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 15 1966  
O. C. C.  
ARTESIA, OFFICE

I. Operator  
**DEPCO, Inc.** ✓  
Address  
**Suite 204, First National Bank Bldg., Artesia, New Mexico**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
<b>Dunn B (Tr-2)</b>	<b>LC028772 B</b>	<b>33</b>	<b>Artesia, Queen-Gry- San Andres</b>	State, Federal or Fee <b>Federal</b>
Location				
Unit Letter <b>H</b>	Feet From The <b>North</b> Line and <b>660</b> Feet From The <b>East</b>			
Line of Section <b>11</b>	Township <b>18S</b>	Range <b>28E</b>	, NMPM, <b>Eddy</b> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Conoco</b>	<b>Artesia, New Mexico</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Phillips Petroleum Corp.</b>	<b>Odessa, Texas</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<b>C</b>	<b>11</b>	<b>18</b>	<b>28</b>	<b>Yes</b>	<b>3-12-65</b>

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 Res'v.	Diff. Res'v.
	<b>X</b>		<b>X</b>					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<b>5-17-66</b>	<b>6-13-66</b>		<b>2645</b>		<b>2645</b>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<b>3630 RT</b>	<b>Grayburg</b>		<b>2534</b>		<b>2540</b>			
Perforations						Depth Casing Shoe		
<b>2534 to 2536 and 2540 to 2545 with 1 JSFP</b>					<b>2645</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>11</b>	<b>8 5/8</b>				<b>125</b>			
<b>7 7/8</b>	<b>5 1/2</b>		<b>2645</b>		<b>175</b>			
	<b>2 3/8</b>		<b>2540</b>					

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 be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<b>6-13-66</b>	<b>6--14-66</b>	<b>Pumping</b>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<b>24</b>	<b>----</b>	<b>-----</b>	<b>-----</b>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<b>19</b>	<b>14</b>	<b>5</b>	<b>---</b>

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

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.

**Imstaden**  
(Signature)  
**District Engineer**  
(Title)  
**June 14, 1966**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 15 1966**, 19  
BY **M. L. Armstrong**  
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.

DEPCO Inc.  
Suite 204, First National Bank Bldg.  
Artesia, New Mexico

Deviation Tests

Dunn "B" Tract 2 Lease, Well No. 33      Unit Letter H, Section 11  
T. 18 S., R. 28 E.

Artesia Pool      Eddy County, New Mexico  
Elevation: 3630' (RT)      Total Depth: 2645'

<u>Depth</u>	<u>Deviation</u>
500'	1°
1168'	1 1/4°
1510'	1°
2097'	1°
2645	1 1/2°

I hereby certify that the above information is true and complete to the best of my knowledge.

*Imshaden*      6-14-66  
Signature      Date

District Engineer      DEPCO, Inc.  
Title

Subscribed and Sworn to before me on this the 14<sup>th</sup> of June, 1966.

*Carol L. McNew Williams* Notary Public in and for Eddy County, New Mexico.

My Commission Expires: 9-16-67

RECEIVED  
JUN 15 1966  
O. C. C.  
ARTESIA, OFFICE