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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 1-1-81

OCT - 5 1981

O. C. D.  
ARTESIA, OFFICE

Operator DEPCO, Inc. /	
Address 800 Central, Odessa, Texas 79761	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER 12-1-81 RE-ENTRY UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED Ex # 2-579 until Feb 15, 1982 Ex 2-593 until April 17, 1982
Recompletion <input type="checkbox"/>	
Change In Ownership <input type="checkbox"/>	
If change of ownership give name and address of previous owner	

Lease Name Federal 632	Well No. 1	Pool Name, Including Formation Loco Hills (On, Gbr, S.A.)	Kind of Lease State, Federal or Fee Federal	Lease No. NM 23416
Location Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The West Line of Section 4 Township 18S Range 29E , NMPM, 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"/> Navajo Crude Oil Purchasing	Address (Give address to which approved copy of this form is to be sent) P.O. Box 175, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79760
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When C 4 18S 29E No Yes 3-22-82 After P.L. is laid

If 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 Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.		
RE-ENTRY	X		
Date Spudded	Date Compl. Ready to Prod.		
9-22-81	9-22-81		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		
3534.1 GR	On, Gbr, S.A.		
Perforations	Top Oil/Gas Pay		
2632-2850'	2632		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	407'	
11"	8 5/8"	2910'	
	2 3/8"	2717'	

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.)	
9-16-81	9-26-81	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	25	50	2"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
240BB1s	195	45	58

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)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED OCT 14 1981	
R.L. Denney (Signature) Chief Production Clerk (Title) 10-2-81 (Date)		BY W.A. Gressett TITLE SUPERVISOR, DISTRICT II	
		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.	