NO. OF COPIES RECEIVED		15	
DISTRIBUTIO	DISTRIBUTION		l
SANTA FE		1	
FILE		1	
U.S.G.S.]	
LAND OFFICE			
IRANSPORTER	OIL	7	
	GAS	Ţ	
OPERATOR		1	
PRORATION OFFICE			
PRORATION OFFICE		<u> </u>	<u> </u>

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-1	04		
Supersed	es Old (C-104 an	d C-110
Effective	1-1-65		

SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Elioctive 1-1-65
FILE	RECEIV		
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	S
LAND OFFICE	JAN 2 19	73	
TRANSPORTER OIL	, , , , , , , , , , , , , , , , , , ,		
1073		•	
OPERATOR /	D. C. C		
PRORATION OFFICE	ARTESIA, OF	r lue	
DEPCO, Inc.			
	000 Moves 70761	•	
	ssa, Texas 79761	Other (Please explain)	· · · · · · · · · · · · · · · · · · ·
Reason(s) for filing (Check proper box)		Change donce Hama has	Tany on State And I
New Well	Change in Transporter of:		, , .
Recompletion (77)	Oil Dry Gas	1	. 70
Change in Ownership XX	Casinghead Gas Conden	sate Efféctive 12-1	L-/2
If change of ownership give name			
If change of ownership give name and address of previous owner	Gulf Oil Corporation,	Box 670, Hobbs, New Mex	cico 88240
•	-	•	
I. DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including Fo		Lease No.
Bally State "BN"	2 East Millman	Oueen Gbr. State, Federal o	Free State E-1051-2
Location		•	
Unit Letter 0 ; 660	Feet From The South Line	e and 1980 Feet From The	• <u>East</u>
Line of Section 11 Tov	mship 19S Range	28E , NMPM, Eddy	County
I. DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S	
Name of Authorized Transporter of Oil	X or Condensate	Address (Give address to which approved	copy of this form is to be sent)
Navaio Pefining Comp	any Pipe Time Diw.	Box 159, Artesia, New	Mexico 88210
Navajo Refining Comp	inghead Gas XX or Dry Gas	Box 159, Artesia, New Address (Give address to which approved	copy of this form is to be sent)
Phillips Petroleum C		Phillips Bldg., Odessa	Tevas 79760
	Unit Sec. Twp. P.ge.	Is gas actually connected? When	15 1CAUS 75700
If well produces oil or liquids, give location of tanks.	I 11 198 28E	Yes	9-31-60
	<u></u>	! — · · · · · · · · · · · · · · · · · ·	
	h that from any other lease or pool,	give commingling order number: NO)
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completion		1	
	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded	Bute Compt. Heady to Prod.	Total Boptii	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Elevations (Dr., RRB, RI, GR, etc.)	Idding of Producting Comments	lop on, out i u,	
			Depth Casing Shoe
Perforations			
		ATUTUTUR DECORD	
	T	CEMENTING RECORD	CACKS CENEUT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		<u>i</u>	
V. TEST DATA AND REQUEST F		fter recovery of total volume of load oil an	d must be equal to or exceed top allow-
OIL WELL	able for this de	pth or be 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	Choke Size
Actual Prod. During Test	Oil-Bbis.	Water-Bble.	Gas-MCF
' <u> </u>			
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
UI OFFICIAND OF COURT	OF.	OU CONSERVAT	ION COMMISSION
VI. CERTIFICATE OF COMPLIAN	UE.	1000	
_		APPROVED JAN 3 1973	. 19
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.			Ł
		I BY IV. U. Su	isset
above is time and combiets to the	Dest of ma knowledge sud parter.		
above is true and complete to the	s best of my knowledge and belief.	ON AND GAS INSPECT	ro R
above is true and complete to the	s beat of my knowledge and belief.	TITLE GIL AND GAS INSPECT	OR
above is true and complete to the	beat of my knowledge and belief.	ON AND GAS INSPECT	

(Signature) Chief Clerk (Title)

(Date)

12-19-72

well, this form must be accompanied by a tabulation of 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.