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FILE		l i	· .	
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL		l	
THANS! ON ER	GAS	L		
OPERATOR				
PRORATION OFFICE		1		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION, TO, TA	AND AND NATURAL C			
	LAND OFFICE	BECENAE	HSPORT OIL AND NATURAL G	AS		
	TRANSPORTER OIL					
	GAS	JAN 2 1973				
	OPERATOR PROPATION OFFICE					
DEPCO, Inc. ARTESIA, OFFICE						
	800 Central, Odessa, Texas 79761					
	Reason(s) for filing (Check proper box)		Other (Please explain)			
	New Well	Change in Transporter of:	Change frame no me	from Eddy EN State NCT. H		
	New We!1 Change in Transporter of: Recompletion Oil Dry Gas Uther (Please explain) Change in Transporter of:					
	Change in Ownership X	Casinghead Gas Conden	esate Effective 12-1-	.72		
	If change of ownership give name	ulf Oil Componation I	Poy C70 Hobbs Nov Nov	d 00040		
	and address of previous owner	dir Oir Corporaction, r	Box 670, Hobbs, New Mex	100 88240		
II.	DESCRIPTION OF WELL AND I	LEASE				
	Lease Name State "BN"	Well No. Pool Name, Including Fo	ا بحر	Lease No.		
	Location	4 East Millman	Queen GDr.	or Fee State E-1051-2		
	Unit Letter J : 19	80 Feet From The South Lin	e and 1980 Feet From T	- East		
	Line of Section 11 Tow	mship 19S Range 28	BE , _{NMPM} , Eddy	County		
II.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	.s			
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve			
	Navajo Refining Comp Name of Authorized Transporter of Cas	any Ripedene Rue	Box 159, Artesia, New Address (Give address to which approve			
	Phillips Petroleum C		Phillips Bldg., Odess	•		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Wher			
	give location of tanks.	I 11 19S 28E	Yes	9-13-60		
		h that from any other lease or pool,	give commingling order number:	No		
٧.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completio	n - (X)				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	. , =,,,	•				
	Perforations	,		Depth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be af	ter recovery of total volume of load oil as	nd must be equal to or exceed top allow-		
1	OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lift,			
	Date Litel New Oil Man 10 1 duks		Producing Method (From, pump, gas tift)	eic.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
		ì				
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF		
	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		
			_			
VI.	CERTIFICATE OF COMPLIANC	CE		TION COMMISSION		
\parallel .		APPROVED JAN 3 19	73 19			
	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.		**			
			issell			
			TITLE DIL AND GAS INSPECT	OH		
	XXX	This form is to be filed in compliance with RULE 1104		mpliance with RULE 1104.		
(.	If this is a request for allowable for a newly drilled or			ble for a newly drilled or deepened		
(Signature) well, this form must be acc tests taken on the well in		well, this form must be accompani tests taken on the well in accord	ed by a tabulation of the deviation ance with RULE 111.			
	(Title)		All sections of this form must be filled out completely for allow-			
12-19-72		sble on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,				

(Date)

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.