-	DISTRIBUTION SANTA FE	NEW MEXICO OIL CO REQUEST F	INSERVATION CON SION	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
-	FILE		ANID		
ŀ	U.S.G.S.	AU PHOPEN AND THAN	ASPORT OIL AND NATURAL G	AS	
Į	LAND OFFICE	1			
[TRANSPORTER GAS	JAN 15 1985			
ŀ	OPERATOR V	1			
	PROBATION OFFICE	O. C. D. ARTESIA, OFFICE			
•	Operator	ARTESIA, OTT CO	J. (4)		
Ì	DEPCO, Inc.				
	800 Central, Odessa, Texas 79761 Other (Please explain)				
	Change in Transporter of: Name change only:				
	New Well	Oil Dry Gas	Name Change	to: East Millman Unit	
	Recompletion Change in Ownership	Casinghead Gas Condens			
	If change of ownership give name and address of previous owner				
				Lease No.	
II.	DESCRIPTION OF WELL AND L	1 1101 1101		or Fee State 648	
	East Millman Unit	147 Millman Queen G	rayburg East State, 7 address	State 1 040	
	Location North Line and 660 Feet From The West				
	Unit Letter Feet From The Interest Interest				
	Line of Section 14 Township 19 S Range 28 E , NMPM, Eddy Count				
	III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent)				
III.					
	Name of Authorized Transporter of Off		Box 175, Artesia, New Address (Give address to which approv	Mexico 88210	
	Navejo Crude Oil Purchasing Company- Name of Author!zed Transporter of Casinghead Gas X or Dry Gas				
	Phillips Petroleum Com	pany	4001 Penbrook, Odessa, ls gas actually connected? Whe		
	If well produces oil or liquids,	Unit Sec. Twp. 1.901		Sept. 1960	
	1 · 1	P 15 19 20 1 1 1 20 1 1 20 1 20 1 20 1 20 1			
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Out Well Gas Well New Well Workover Deepen Plug Back				Plug Back Same Res'v. Diff. Res'v.	
IV.		Oil Well Gas Well	New Well Workover Deepen		
	Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded			Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	1 Ding Septi	
			1	Depth Casing Shoe	
Perforations					
			CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEFIN SE.		
			formal malume of load all	and must be equal to or exceed top allows	
v	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top al able for this depth or be for full 24 hours)				
OII. WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				fi, etc.)	
	Date First New Charles		Casing Pressure	Choke Size	
	Length of Test	Tubing Pressure			
	Actual Prod. During Test	Oil-Bbis.	Water - Ebis.	Gas-MCF	
	Actual Prod. Dr.ing				
	GAS WELL	Length of Test	Bbla. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D		Cosing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-12)	10 10 10	
			OIL CONSERVA	ATION COMMISSION	
V	I. CERTIFICATE OF COMPLIANCE		JAN 1 (1985 "		
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED	, , ,	
	I hereby certify that the rules and Commission have been complied	y certify that the rules and regulations of the Onton Street sion have been complied with and that the information given sion have been complete to the heat of my knowledge and belief.		Original Signed By Leslie A. Clements	
	Commission have been compiled with and that the information great above is true and complete to the best of my knowledge and belief, above is true and complete to the best of my knowledge and belief.		TITLE Supervisor District II		
	R. L. Denney		This form is to be fited 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,		
	Chief Production Clerk				
	(Title)				
	1-9-85 (Date)			st be filed for each pool in multiply	
			Separate Forms Color mast		