ĺ	ND. OF COPIES RECEIVED	NEW MEXICO OIL COI	NSERVATION CO. SSION OR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
	SANTA FE		AND SPORT OIL AND NATURAL GA		
	U.S.G.S.	1 1	SPORT UIL AND NATURAL OF		
	LAND OFFICE OIL	JAN 15 1985			
	TRANSPORTER GAS	O. C. D.			
1.	OPERATOR PROPATION OFFICE	ARTESIA, OFFICE			
DEPCO, Inc.					
	Address	Address			
	800 Central, Odes Reason(s) for filing (Check proper box)	800 Central, Odessa, Texas 79761 ason(s) for filing (Check proper box)			
	New Well	Change in Transporter of: Oil Dry Gas	Name change o From: State 648.	to: East Millman Unit	
	Recompletion	ecompletion Casinghead Gas Condensate hange in Ownership Casinghead Gas Condensate			
If change of ownership give name					
	and address of previous owner				
11.	DESCRIPTION OF WELL AND L		mation SA Kind of Lease	Lease No. 648	
Lease Name East Millman Unit 150 Millman Queen Grayburg East State, Federal or Fee State				state 040	
	Location.				
	In C Bring 28 F , NMPM, Eddy				
Line of Section 5 Township					
(11.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approve	d copy of this form is to be sent)	
	Nome of Authorized Transporter of Oll X or Condensate Navajo Crude Oil Purchasing Company		Box 175, Artesia, New Mexico 88210 Address (Give address to which approved copy of this form is to be sent)		
	Name of Authorized Transporter of Casinghead Ods (A)		4001 Penbrook, Odessa,	Texas 79760	
	Phillips Petroleum Com If well produces oil or liquids,	Unit Sec. 149.	Is gas actually connected?	Sept. 1960	
		P 15 19 28			
give location of tanks.				Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completion	n = (X)	Total Depth	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.		Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay		
	Perforations TUBING, CASING, AND		Depth Casing Shoe		
			CEMENTING RECORD		
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
The sup province for ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to				and must be equal to or exceed top allow-	
able for this depth of be july july in the second s					
	Date First New Oil Run To Tanks		Casing Pressure	Choke Size	
	Length of Test	Tubing Pressure		Gas-MCF	
	Actual Prod. During Test	011- 3b1s.	Water-Bbls.		
				c ⁿ	
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Frod. Test-MCF/D		Cosing Freesure (Shut-in)	Choke Size	
	Testing Mothod (pitot, back pr.)	Tubing Pressure (Shut-in)		1 MM	
_	I. CERTIFICATE OF COMPLIAN		OIL CONSERVA	TION COMMISSION	
í	I hereby certify that the rules and regulations of the Oll 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 JAN 1		
			BYOriginal Signed By Loslie A. Clements TITLE Supervisor District II		
	\land	_	This form is to be filed in compliance with RULE 1104.		
	RL. Denne R. L. Denney		well, this form must be accordance with RULE 111.		
	(Signature) Chief Production Clerk		All sections of this form must be filled out completely for allow-		
	(Tille)		able on new and recompleted with and VI for changes of owner, Fill out only Sections I. III, and VI for changes of condition,		
	(Date)		Separate Forms C-104 mus	it be filed for each pool in multiply	
			completed wells.		