NO. OF COPIES RECEIVED	7	
DISTRIBUTION	NEW MEXICO OIL CONS	FR\/ATI
SANTA FE /	REQUEST FOR AL	
FILE /-		1D
u.s.g.s.	AUTHORIZATION TO TRANSF	
LAND OFFICE		
RANSPORTER		
GAS		
PERATOR]	
PRORATION OFFICE	1	
perator		
ddress		First 1
P. 0. Box 427.	Artesia, New Mexico	Artesia
eason(s) for filing (Check proper box		01
ew Well	Change in Transporter of: Oil Dry Gas	
ecompletion hange in Ownership	Casinghead Gas Condensate	Ħ
nange in Ownership	Casinghead Gas	
DESCRIPTION OF WELL AND Lease Name State 648	Lease No. Well No. Pool Name, In 163 Millman	_
Location N . 330) Feet From The South Line and	19
Unit Letter;	Feet From The Court Line and	
Line of Section 15 Tov	wnship 19 Range 2	8
ESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil	or Condensate Add	iress (Gi
	i e	
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas Add	iress (Gi
Name of Authorized Transporter of Car	<u> </u>	iress (Gi
If well produces oil or liquids,	<u> </u>	iress <i>(Gi</i> gas actua
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(Date)

Form C -104

SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
U.S.G.S.	ALITHODIZATION TO TRA	AND	
LAND OFFICE	_ AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL (JAS
TRANSPORTER OIL GAS	_		RECEIVED
OPERATOR 3			
PRORATION OFFICE Operator	<u> </u>		JUN 1 1966
		DEPCO, Inc. Suite 204	
Address		First National Bank Building	
P. 0. Box 427. Reason(s) for filing (Check proper bo	Artesia, New Mexico	Artesia, New Mexico 8021	
New Well	Change in Transporter of:	Office (1 tease suprain)	
Recompletion	Oil Dry Gas		
Change in Ownership X	Casinghead Gas Condens	sate	
If change of ownership give name and address of previous owner	International-Yates, P.	O. Box 427, Artesia,	New Mexico
DESCRIPTION OF WELL AND	Lease No. Well No. Pool Nam	ne, Including Formation	Kind of Lease
State 648	3	an Queen-Grayburg Eas	
Location			
Unit Letter N; 33	Feet From The South Line	e and 1980 Feet From	The West
Line of Section 15 To	ownship 19 Range	28 , NMPM, EG	ldy County
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	s	
Name of Authorized Transporter of O		Address (Give address to which appro	oved copy of this form is to be sent)
Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)
	The Book	Is gas actually connected? Wi	nen
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually connected?	
	emporarily Abandoned vith that from any other lease or pool, a	give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
Designate Type of Complet			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
Lievations (DI, RRB, RI, GR, etc.)			
Perforations			Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		1	
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be as	fter recovery of total volume of load oi pth or be for full 24 hours)	l and must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF
Noted From Saint 1997			
\			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Ploat Tool-Mol/D			
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
CERTIFICATE OF COMPLIA	NCE		ATION COMMISSION
		JUN 9 1966	
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.		/ · · · · · · · · · · · · · · · · · · ·	
Original signed b	.	This form is to be filed in	compliance with RULE 1104.
J. M. Strader (Signature)		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 acce	ordance with RULE 111.
District Engineer (Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.	

All sections of this form must be filled out compable 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.