1	NO. OF COPIES RECEIVED	نم رین د	~		
	<u> </u>		DUSCOVATION CON SION	Form C-104	
	DISTRIBUTION		ONSERVATION CON. SION	Supersedes Old C-104 and C-116	
	SANTA FE	REQUEST I	FOR ALLOWABLE	Effective 1-1-85	
	FILE	RECEIVED BY	AND		
	u.\$.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	AS	
	LAND OFFICE	1			
	OIL	JAN 15 1985			
	TRANSPORTER GAS	O.C.D.			
					
	OPERATOR V	ARTESIA, OFFICE		_	
I,	PRORATION OFFICE Operator				
	DEPCO, Inc.				
	Address	- 707(1			
800 Central, Odessa, Texas 79761 Other (Please explain)					
	Reason(s) for filing (Check proper box)	m			
	New Well	Change in Transporter of:	Name change o		
	Recompletion	Oil Dry Gas	* From: State 648,	to: East Millman Unit	
	Change in Ownership	Casinghead Gas Conden	sate		
	If change of ownership give name				
	and address of previous owner				
==	II. DESCRIPTION OF WELL AND LEASE Lease No.				
11,	Lease Name	Well No. Pool Name, Including Fo		Lease No.	
	East Millman Unit 152 Millman Queen Grayburg East State, Federal or Fee State 648				
	Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East				
	Unit Letter A; 660 Feet From The NORTH Line and 000 Feet From The 232				
	county				
	Line of Section 22 Township 19 5 Runge 20 L				
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	Address (Give address to which approve	ed copy of this form is to be sent)	
	Name of Authorized Transporter of Oil	or Condensate	Add. ess (Olde dadress to mine of		
Navajo Crude Oil Purchasing Company Box 175, Artesia, Ne			Box 175, Artesia, New M	v Mexico 88210	
	Name of Authorized Transporter of Casinghead Gas XI or Dry Gas		1		
	Phillips Petroleum Com		4001 Penbrook, Odessa,	Texas 79760	
		Unit Sec. Twp. Pige.	Is gas actually connected? When	1	
	If well produces oil or liquids, give location of tanks.	P 15 19 28	Yes	Sept. 1960	
		!	zive commingling order number:		
	If this production is commingled wit	h that from any other lease or pool,	Bive committed over names.		
IV.	COMPLETION DATA	Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
	Designate Type of Completio	n - (X)		!	
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded	Barb Compr. Meday to 1 to 2.			
		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing 1 c.mation			
			-	Depth Casing Shoe	
Perforations					
		TUBING, CASING, AND CEMENTING RECORD			
			DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTRISE		
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 allowable for this depth or be for full 24 hours)				
٧.	OIL WELL				
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas tip, etc.)				,,	
	·		•	Choke Size	
	Length of Test	Tubing Piessure	Casing Pressure	CHOIC SIZE	
				Gas-MCF	
	Actual Prod. During Tes	Oi:-Bbis.	Water-Bbls.	GLB - MOF	
		1			
	GAS WELL			7,3	
	Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Ploat Part Mor. 5			1. S. J.	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, blen pro			11/2	
			OIL CONSERVA	TION COMMISSION	
VI	. CERTIFICATE OF COMPLIAN	CE	1000 0		
	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. Chief Production Clerk (Title) 1-9-85		APPROVED JAN 11	1985	
			AFFROVED		
			Leslie A. Clements		
			TITLE Supervisor District II		
			This form is to be filed 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,		
	(D	ate) ,	Separate Forms C-104 must be filed for each pool in multiply		
		1	completed wells.		