NO. OF COPIES RECEIVED	7	
DISTRIBUTION	NEW MEXICO OIL CO	ONSEF
SANTA FE	REQUEST F	OR A
FILE /	-	AND
U.S.G.S.	AUTHORIZATION TO TRAI	NSPC
OIL		
GAS GAS		
OPERATOR		
PRORATION OFFICE Operator	<u> </u>	
operato.	•	
Address	<u> </u>	F
P. 0. Box 427,	Artesia, New Mexico	A
Reason(s) for filing (Check proper box		
New Well Recompletion	Change in Transporter of: Oil Dry Gas	
Change in Ownership X	Casinghead Gas Condens	=
If change of ownership give name and address of previous owner	International-Yates,	P. (
DESCRIPTION OF WELL AND		
Lease Name	Lease No. Well No. Pool Nam	
Malco State	3 Millma	an_(
	550 Feet From The North Line	a ar t
Unit Letter;;	Some reet from the Moretin Line	e (1:.4 _
Line of Section 23 To	wnship 19 Range	28
		
DESIGNATION OF TRANSPOR Name of Authorized Transporter of Officery	TER OF OIL AND NATURAL GA	S Addr
Rame of Admonized Transporter of On	or consensure	
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Addr
		1
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is go
give location of tanks. WAT	rer injection well	ļ
	ith that from any other lease or pool,	give o
COMPLETION DATA	Cil Well Gas Well	New
Designate Type of Completi		: 1
Date Spudded	Date Compl. Ready to Prod.	Tota
Flourity (DE DIAD DE CD	Name of Producing Formation	Top
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing 1 official	1.05
Perforations		1
	TUBING, CASING, AND	CEM
HOLE SIZE	CASING & TUBING SIZE	.
		
		
TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be a	fter re
OIL WELL	able for this de	pth or
Date First New Oil Run To Tanks	Date of Test	Prod
Length of Test	Tubing Pressure	Cas
Length of Test	. abing 1.000 are	
Actual Prod. During Test	Oil-Bbls.	Wate
		<u> </u>
GAS WELL	The state of The s	Bbls
Actual Prod. Test-MCF/D	Length of Test	BDIS
Testing Method (pitot, back pr.)	Tubing Pressure	Cas
reading (Manual (Prost) and Pros		
CERTIFICATE OF COMPLIAN	NCE	1
CERTIFICATE OF COMPEN	102	
I hereby certify that the rules and	regulations of the Oil Conservation	AF
Commission have been complied	with and that the information given he best of my knowledge and belief.	В
appro to true and complete to tr		
		TI
Original signed by		
I M Standar		

(Date)

VATION COMMISSION

Form C-104

SANTA FE /	REQUEST F	OR ALLOWABLE Supersedes Old C-104 and (Effective 1-1-65		
U.S.G.S.	1	AND		
LAND OFFICE	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	SAS	
OIL	-			
TRANSPORTER GAS		REELVED		
OPERATOR OFFICE	_			
PRORATION OFFICE Operator		DEPCO, Inc.	DUN 1 141	
	•	Suite 204		
Address		First National Bank Building	D. C. L.	
P. 0. Box 427,	Artesia, New Mexico	Artesia, New Mexico 8821	其代 可思想(本,包含 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
Reason(s) for filing (Check proper box		Other (Please explain)		
New Well Recompletion	Change in Transporter of: Oil Dry Gas			
Change in Ownership X	Casinghead Gas Condens	=		
f change of ownership give name nd address of previous owner	International-Yates, E	P. O. Box 427, Artesia	. New Mexico	
DESCRIPTION OF WELL AND Lease Name	Lease No. Well No. Pool Nam.	e, Including Formation	Kind of Lease	
		•	Serve Sedemi as Fee	
Malco State	3 Millma	an Q u een Grayburg East	State State	
Unit Letter <u>E</u> ; <u>16</u>	550 Feet From The North Line	and 330 Seet From 1	The Wast	
Cmt Letter	Teet From The MOLETT Line			
Line of Section 23 To	wnship 79 Range	28 , NMPM, Edds	Z County	
			•	
	TER OF OIL AND NATURAL GAS	S Address (Give address to which appro	and conv of this form is to be sent!	
Name of Authorized Transporter of Of	or Condensate	Aggress (Give dadress to union appro	ved copy of this form is to be sem?	
Name of Authorized Transporter of Ca	rsinghead Gas or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)	
rame of namerican framepoints of o				
TC	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en	
If well produces oil or liquids, give location of tanks.	TER INJECTION WELL			
	ith that from any other lease or pool, a	give commingling order number:		
COMPLETION DATA				
Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Date Spuaden	Date Compi. Reday to Fred.	Total Septi.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
,				
Perforations			Depth Casing Shoe	
		CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	 	:		
		I		
TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil	and must be equal to or exceed top allow	
OIL WELL	able for this de	pth or be for full 24 hours)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ijt, etc.)	
	Tubing Pressure	Casing Pressure	Choke Size	
Length of Test	I uping Piessate			
Actual Prod. During Test	Oil-Bbls.	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	Casing Pressure	Choke Size	
		OU CONSERV	A TION COMMISSION	
CERTIFICATE OF COMPLIA	NCE	OIL CONSERVA	ATION COMMISSION	
Commission have been complied with and that the information given		APPROVED, 19		
		mr. Combone		
above is true and complete to the	he best of my knowledge and belief.	BY_//\/_\/\/\/\/\/\/\/\/\/\/\/\/\/\/\/\/\	n y	
		TITLE	Y TALL	
			compliance with PILL F 1104	
Original signed by		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
J. M. Strader (Signature)		well this form must be accompanied by a tabulation of the deviation		
District Enginee		tests taken on the well in acco	ordance with RULE 111.	
	Title)	All sections of this form must be filled out completely for allow able on new and recompleted wells.		
MAY 2 7 1966		Fill out only Sections I, II, III, and VI for changes of own		

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.