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J.S.C.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROGRATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
 JUN 19 1969

Operator
 DEPCO, Inc. /

Address
 800 Central, Odessa Texas 79760

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 647 AC 722	Well No. Pool Name, including Formation 196 Artesia Queen Grayburg SA	Kind of Lease State, Federal, or Fee State	Lease No. 347
Location			
Unit Letter P	Feet From The 330	South Line and 330	Feet From The East
Line of Section 29	Township 17	Range 28	County Ector

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company, Pipe Line Division	Artesia, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company	Odessa, Texas
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
H	32 17 28 Yes 6-10-69

If this production is commingled with that from any other lease or pool, give commingling order number _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Depth	Shut Reviv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING LOGS								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	CROCKING DEPTH					

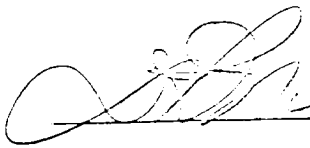
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or greater than allowable for this depth or as for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, job lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Chart Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

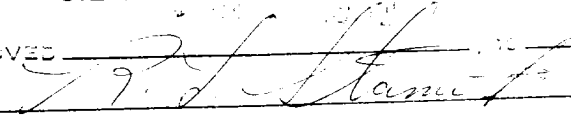
GAS WELL	Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Charting of Condensate
Testing Method (piston, Jack pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Chart Size	

VI. CERTIFICATE OF COMPLIANCE

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
 June 20, 1969
 (Date)

OIL CONSERVATION COMMISSION

APPROVED BY 

TITLE _____

This form is to be filed in copy _____ of which have been _____

If this is a request for allowances for a well having a shut-in well, this form must be accompanied by a statement of the allowable tests taken on the well in accordance with the rules.

All questions of this form must be filled out completely for future use on new and recompletion wells.

Fill out only Questions I, II, III, and IV for shut-in wells. Well name or number, or transportation or other such change of conditions separate Forms C-104 must be filed for each pool in multiple copies.