1.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OPERATOR PRORATION OFFICE Operator DEPCO, Inc. Address 800 Central, Ode Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership	REQUEST F	to- East Millm	y: From- Malco State
	If change of ownership give name and address of previous owner			
11.	II. DESCRIPTION OF WELL AND LEASE Lease Name East Millman Unit 5 Millman Queen Grayburg East Location Unit Letter D; 560 Feet From The North Line and 660 Line of Section 23 Township 195 Fange 28E NMPM, Eddy County			
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S Address (Give address to which approve	desputed this form is to be sent!
	Name of Authorized Transporter of Oil Navajo Crude Oil Purcha Name of Authorized Transporter of Cas. Phillips Petroleum Comp If well produces oil or liquids,	or Condensate	Box 175, Artesia, New Mondadaress (Give address to which approve 4001 Penbrook, Odessa, 1s gas actually connected? When	exico 88210 Ed copy of this form is to be sent) Texas 79760
If this production is commingled with that from any other lease or pool, give commingling order				
IV.	Designate Type of Completio	n - (X) Gas Well Gas Well	New Well Workover Deepen Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oii/Gas Pay	Turing Depth
Perforations				Depth Casing Shoe
		TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE		
v	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test Date of Test			
		Tubing Pressure	Casing Pressure	Choke Size
	Length of Test Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
	Actual Prod. Suring 1981			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
۷I	I. CERTIFICATE OF COMPLIAN	CE		TION COMMISSION (2)
	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. R.L. Denney (Signature) Chief Production Clerk (Title) 1-9-85 (Date)		APPROVED BY Original Signed By Leste 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. Separate Forms C-104 must be filed for each pool in multiply completed wells.	