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LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRORATION OFFICE	

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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DEC 17 1976

I. Operator **DEPCO, Inc.**
Address **800 Central, Odessa, Texas 79761**
Reason(s) for filing (Check proper box)
New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate
Other (Please explain) **A.P.C.**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
DHY State	1	North Winchester Wolfcamp	State, Federal or Fee State	E 5136
Location				
Unit Letter	F	1980 Feet From The	North	Line and
			1980	Feet From The
			West	
Line of Section	23	Township	19s	Range
			28e	County
			EDM, Eddy	

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 Crude Oil Purchasing Co.	Box 175, Artesia, New Mexico 88210			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Co.	Box 1384, Jal, New Mexico			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	F	23	19	28
Is gas actually connected?	When			
Yes	12-16-76			

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 Res'v.	Diff. Res'v.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.S.T.D.				
11-4-75	1-28-76	11,553		11,440				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Testing Depth				
3383 Gr.	Wolfcamp	8866		Crossover @ 8820				
Perforations	8866-8902			Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	12 3/4		417		400			
11	8 5/8		2800		1121			
7 7/8	5 1/2		11,549		1025			
5 1/2	2 3/8		Crossover @ 8820					

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 exceed top allowable for this depth or be for full 24 hours)

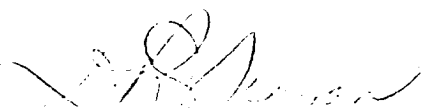
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
1-23-76	2-13-76	Flow		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
5 hrs.	1998-1468	Packer	8/64 - 19/64	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas-MCF	
	99	0	1123	

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

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.


D. R. Mason
(Signature)
Chief Clerk
(Title)
12-16-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 20 1976**, 19
BY **W. A. Grissett**
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