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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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MAY 19 1977

Operator DEPCO, Inc. ✓		O.C.C. ARTESIA, OFFICE	
Address 800 Central, Odessa, Texas 79761			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name  
and address of previous owner

5534-10-1-77

II. DESCRIPTION OF WELL AND LEASE

Lease Name DHY State "B"	Well No. 1	Pool Name, Including Formation Wildcat Atoka	Kind of Lease State, Federal or Fee State	Lease No. 648
Location Unit Letter L ; 1980 Feet From The South Line and 990 Feet From The West				
Line of Section 11 Township 19S Range 28E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Navajo Crude Oil Parch. Co.	Box 175, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas	Box 1384, Jal, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 11
	Twp. 19	Rge. 28
	Is gas actually connected? Yes	
	When 5-18-77	

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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2-7-77	Date Compl. Ready to Prod. 4-28-77		Total Depth 11,350		P.B.T.D. 11,310			
Elevations (DF, RKB, RT, GR, etc.) 3477 Gr.	Name of Producing Formation Atoka		Top Oil/Gas Pay 10,458		Tubing Depth 10,425			
Perforations 10,458 - 66 w/32 - .46" holes					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	415	425
11	8 5/8	2800	1300
7 7/8	5 1/2	11,349	700
5	2 3/8	10,425	

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 914	Length of Test 24 hrs.	Bbls. Condensate/MMCF 8	Gravity of Condensate 57
Testing Method (pitot, back pr.) Flow Test	Tubing Pressure (shut-in) 2700	Casing Pressure (shut-in) Pkr.	Choke Size 15/64

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  
Chief Clerk  
5-18-77  
(Signature)  
(Title)  
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 20 1977  
BY W. A. Gressett  
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.