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

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

DEC 21 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 type="checkbox"/>	Change in Transporter of:	Plug back	
Recompletion <input checked="" 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

DESCRIPTION OF WELL AND LEASE

Lease Name DHY State "B"	Well No. 1	Pool Name, Including Formation Wildest Wolfcamp	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				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purch. 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

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

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 11-30-77	Date Compl. Ready to Prod. 12-3-77	Total Depth 11,350	P.B.T.D. 10,380					
Elevations (DF, RKB, RT, GR, etc.) 3477 Gr.	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 8815	Tubing Depth 8795					
Perforations 8870-8942			Depth Casing Shoe 11349					

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	8795	

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 363.2	Length of Test 5.5 hrs.	Bbls. Condensate/MMCF 69	Gravity of Condensate 56
Testing Method (pitot, back pr.) Back pr.	Tubing Pressure (shut-in) 2531	Casing Pressure (shut-in) Pkr	Choke Size 10/64-21/64

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
(Signature)
Chief Clerk
(Title)
12-20-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 3 1978, 19
BY W. A. Gussett
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.