

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		/
FILE		/
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
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

RECEIVED

JUL 25 1978

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 _____

Lease Name Shell Federal		Well No. 1	Pool Name, including Formation Morrow Gas	Kind of Lease State, Federal or Fee Federal	Lease No. NM 25494
Location Unit Letter <u>3R</u> ; 1980 Feet From The <u>South</u> Line and 1980 Feet From The <u>East</u> Line of Section <u>6</u> Township <u>21S</u> Range <u>24E</u> , NMPM, <u>Eddy</u> County					


DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	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"/>	Natural Gas Pipeline Co. of America	Box 236, Midland, Texas 79701	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 6	Twp. 21
		Rge. 24	Is gas actually connected? <u>Yes</u>
			When <u>7-25-78</u>

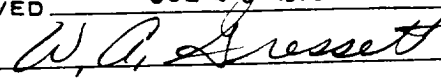
If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)			X	X					
Date Spudded 8-23-77	Date Compl. Ready to Prod. 10-30-77	Total Depth 9860		P.B.T.D. 9826					
Elevations (DF, RKB, RT, GR, etc.) 3778.8 GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 9688		Tubing Depth 9501					
Perforations 9688 - 9700				Depth Casing Shoe 9860					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
17 1/2	13 3/8	447		500					
11	8 5/8	2454		1100					
7 7/8	4 1/2	9860		650					
	2 3/8"	9501							

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 141	Length of Test 4 1/4 hrs.	Bbls. Condensate/MMCF Trace	Gravity of Condensate 53
Testing Method (pitot, back pr.) Back Pr.	Tubing Pressure (shut-in) 2697	Casing Pressure (shut-in) Packer	Choke Size 6/64 - 14/64

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	(Title)
7-24-78	(Date)

OIL CONSERVATION COMMISSION	
JUL 28 1978	
APPROVED	19
BY 	
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.	