

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
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

RECEIVED

APR 9 1980

Operator DEPCO, Inc.		O. C. D. 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:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Shell Federal	Well No. 1	Pool Name, including Formation Wildcat Strawn	Kind of Lease State, Federal or Fee Fed.	Lease No. 25494
Location Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East Line of Section 6 Township 21S Range 24E , NMPM, Eddy County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Crude Oil Purch. Co.	Address (Give address to which approved copy of this form is to be sent) 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	Address (Give address to which approved copy of this form is to be sent) 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? Yes	
	When 3-28-80	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest.	Diff. Rest.
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Date Spudded 2-4-80	Date Compl. Ready to Prod. 3-5-80		Total Depth 9860		P.B.T.D. 9465'			
Elevations (DF, RKB, RT, GR, etc.) 3778.8 Gr.	Name of Producing Formation Strawn		Top Oil/Gas Pay 8772		Tubing Depth 8672			
Perforations 8772-80, 8874-82, 8972-76, W/2SPF					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			

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 142	Length of Test 5 hrs.	Bbls. Condensate/MMCF 1.47	Gravity of Condensate N.A.
Testing Method (pitot, back pr.) Back pr.	Tubing Pressure (Shut-in) 2858	Casing Pressure (Shut-in) pkc.	Choke Size 6/64 - 12/64

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)
4-8-80
(Date)

OIL CONSERVATION COMMISSION
APPROVED **APR 10 1980**, 19_____
BY **W. A. Gussert**
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.