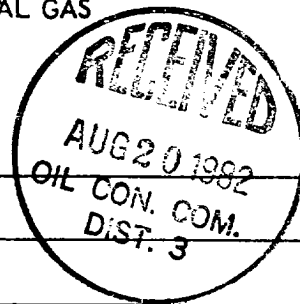


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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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



Operator DEPCO, Inc.	
Address 1000 Petroleum Building - Denver, CO 80202	
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Miles Federal	Lease No. SF079162	Well No. 1A	Pool Name, Including Formation Otero Chacra	Kind of Lease XXX, Federal XXXe
Location Unit Letter <u>F</u> ; <u>2300</u> Feet From The <u>North</u> Line and <u>1585</u> Feet From The <u>West</u>				
Line of Section <u>5</u> Township <u>26N</u> Range <u>7W</u> , NMPM, <u>Rio Arriba</u> 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)
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)
<u>El Paso Natural Gas Company</u>	<u>P. O. Box 1492, El Paso, TX 79978</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	No -

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					
Date Spudded 4-23-82	Date Compl. Ready to Prod. 7-28-82	Total Depth 4700' KB	P.B.T.D. 4629' KB					
Elevations (DF, RKB, RT, GR, etc.) 6049' <u>GR</u> 6057' KB	Name of Producing Formation Chacra	Top Oil/Gas Pay 3066' KB	Tubing Depth 3128' KB					
Perforations 3070'-82'; 3145'-56' KB			Depth Casing Shoe 4685' KB					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"	308' KB 3/2		275				
7-7/8"	5-1/2"	4685' KB		625 (3-Stage)				
	1-1/4"	3128' KB		-				

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)

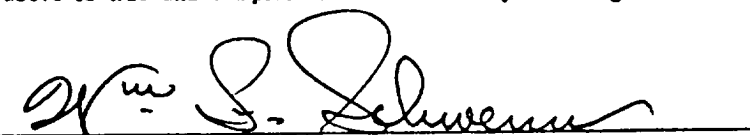
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 993	Length of Test 3 Hr	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (pitot, back pr.) B.P.	Tubing Pressure 68 psig	Casing Pressure <u>Sheet 1</u> 987 489 psig	Choke Size 3/4"

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.

  
(Signature)  
Production Superintendent-Southern Rockies  
(Title)  
August 17, 1982  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED SEP 03 1982, 19  
Original Signed by FRANK T. CHAVEZ  
BY  
SUPERVISOR DISTRICT # 2  
TITLE

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.