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	SANTA FE /		CONSERVATION COMMISSION	Form C+104			
	FILE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65			
		AND					
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS			
	LAND OFFICE						
	TRANSPORTER OIL						
	GAS /						
	OPERATOR 2	<u> </u>					
1.	PRORATION OFFICE						
		Cperator					
		Depco Inc.					
	Address						
		Club Building, Denver,					
	Reason(s) for filing (Check proper box)		Other (Please explain)				
	New Well	Change in Transporter of:					
	Recompletion	OII Dry Go	rs L				
!	Change in Ownership	Casinghead Gas Conder	nsate				
	If change of ownership give name Ir and address of previous owner De	nternational Oil & Gas enver, Colorado 8020	Corporation, 825 Pet	roelum Club Building,			
II.	DESCRIPTION OF WELL AND I	LEASE		Kind of Lease			
	Lease Name		me, Including Formation				
	Hancock S	SF 079116 3 Wes	t Kutz - P.C.	State, Federal or Fee Federal			
		Location Unit Letter K : 1650 Feet From The South Line and 1650 Feet From The West					
	_		7.01.	-			
	Line of Section 1 Tow	vnship 27N Range	12W , NMPM, San	Juan County			
III.	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)						
	Name of Authorized Transporter of Cas Southern Union	Gas Co.	Fidelity Union Tower 1507 Pacific Ave., D.	allas, Texas			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	nen			
	give location of tanks.		Yes	11-21-51			
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:				
	COMPLETION DATA						
	D : To f Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.			
	Designate Type of Completion	$\mathbf{n} = (\mathbf{A})$	<u> </u>				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations			Depth Casing Shoe			
	TUBING, CASING, AND CEMENTING RECORD						
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
				·			
% ./	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow						
٧.	able 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			
				CO IL TO			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-WCF TIVED			

OIL WELL 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-WC CLIVED	

CACHETI		ONO 1300			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condendate COM.		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		

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.

Chr St. be	
Dist. Prod. Gupt.	
JUN 2 1966	
(Date)	1

OIL CONSERVATION COMMISSION

APPRO	OVED	JUN	6 1	966		, 19	
BY	Original	Signed	yd	Emery	C.	Arnold	
TITLE	SUP	ERVISOR					

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.