ĺ	NO. OF COPIES RECEIVED					
	DISTRIBUTION					
	SANTA FE			-		
	FILE			-		
	U.S.G.S.					
	LAND OFFICE					
	TRANSPORTER	OIL		_		
		GAS				
	OPERATOR					
1.	PRORATION OFFICE					
	Operator					
	DEPCO, Inc.					
	Address					
	1000 Petr	oleum	Build	ŀ		
	Reason(s) for filing	(Check p	roper box	,		
	New Well	X		_		
	Recompletion					
	Change in Ownership					
	If change of ownership give name and address of previous owner					

<u></u>	DISTRIBUTION SANTA FE FILE		NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND				
	U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS			
1.	PRORATION OFFICE						
	Operator DEPCO, Inc.						
	dress						
	1000 Petroleum Build Reason(s) for filing (Check proper box)	ingDenver, CO 80202	Other (Please explain)				
	New Well	Change in Transporter of:					
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Conden		į			
Ĺ		Custingheda dus conden.					
	If change of ownership give name and address of previous owner						
II.	DESCRIPTION OF WELL AND I	LEASE					
	Lease Name Federal 39	2020	ne, Including Formation Kutz P.C.	Kind of Lease SKAK FederalXXXXXX			
	Location	70 7	. 1070	North			
	Unit Letter A; 10	70 Feet From The <u>East</u> Line	e and 1070 reet from	The NOT CIT			
	Line of Section 32 Tow	nship 27N Range	11W , NMPM, San Ju	ıan County			
II.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate	S Address (Give address to which appr	roved copy of this form is to be sent)			
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X	Address (Give address to which appr	roved copy of this form is to be sent)			
	Gas Company of New M	exico Unit Sec. Twp. Rge.	Box 750, Farmington, No. 1s gas actually connected?	New Mexico 37401			
	If well produces oil or liquids, give location of tanks.	Offit Sec. 1 wp. 1 sec.	No				
	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Date Spudded 5-11-80	7-7-80	1940' KB	1868' KB			
	Elevations (DF, RKB, RT, GR, etc.) 6189' GR, 6201' KB	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 1708' KB	Tubing Depth 1755' KB			
	Perforations 1710-28'; 1734-56' KB	<u> </u>		Depth Casing Shoe			
		TUBING, CASING, AND	CEMENTING RECORD	1 1240 AB			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12-1/4" 7-7/8"	8-5/8" 4-1/2"	140' KB 1940' KB	350			
		1"	1755' KB				
		OD ATTORIABLE (T	for a second sec	il and must be equal to or exceed top allow-			
V.	TEST DATA AND REQUEST FOOLL WELL	able for this de	pth 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			3.37. 3			
	Actual Prod. Test-MCF/D 910	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size			
	Back Press.	61 psig	259 psig	3/4"			
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION				
	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.			<u>, 19</u> К Т. СНАVEZ			
			SUPERVISOR DISTRICT # 3				
			TITLE				
	ON WE S SULL SO		This form is to be filed in	n compliance with RULE 1104. lowable for a newly drilled or deepened			
	(Signature)		well, this form must be accommended tests taken on the well in accommendation.	named by a tabulation of the deviation			
	Production Superintendent		All sections of this form t	must be filled out completely for allow-			
	,	tle)	able on new and recompleted	wells. II. III. and VI for changes of owner,			
July 18, 1980			well name or number, or transporter, or other such change of condition.				

(Date)

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.