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	SANTA FE										
	FILE										
	U.S.G.S.										
	LAND OFFICE	G.S. ID OFFICE ANSPORTER GAS									
1.	TRANSPORTER	OIL									
	TRANSPORTER	GAS									
	OPERATOR										
	PRORATION OFFICE										
	Operator										
	DEPCO, Inc.										
	Address										
	1000 Petroleum Building										
	Reason(s) for filing	Check p	roper	box,							

	SANTA FE	NE	_	ONSERVATION COMMISSION				Form C-104 Supersedes Old C-104 and C-110					
	FILE		+	KEQUEST			FOR ALLOWABLE				ersedes Uld C ective 1-1-65	-104 and C-116	
	U.S.G.S.		1	AUTHORIZATION TO TRA			AND	/					
	LAND OFFICE		11	AUTHORIZ	IOIRA	ANSPORT (DIL AND N	ATURAL G	SAS				
	EARD OF THE	OIL	+				,	/					
	TRANSPORTER	GAS	+										
	OPERATOR	3/3	+										
_			+										
1.	PRORATION OF	FICE											
	DEPCO, Inc.												
		1000 Petroleum Building - Denver, CO 80202											
	Reason(s) for filing (Check proper box) Other (Please explain)												
	New Well	A		Change in Tra	insporter of		r ==						
	Recompletion Oil Dry Gas												
	Change in Ownershi	P		Casinghead G	as []	Conde	nsate						
	If change of owners	shin give na	me										
	and address of prev												
II.	DESCRIPTION O	F WELL A	ND L										
		ease Name Lease No. Well No. Pool Na									Kind of Lease		
	Federal 33		S	F078896	31	West	Kutz, P.	С.		XXX, Fede	XXX, Federal XXXX		
	Location		050										
	Unit Letter B	·	850	Feet From Th	ne North	Lin	le and18	50	Feet From T	he East			
	Line of Section	33	Towr	ship 27N	Ro	inge	11W	, NMPM,	San	Juan		County	
III.	DESIGNATION O					RAL GA				-1 (1			
	Name of Authorized	ransporter o	or On (or Conde	nsate [Address (G	ve adaress to	wnich approv	ea copy of th	is form is to b	e sent)	
							1				-, <u>-</u> -		
	Name of Authorized				or Dry Gas	· LX					is form is to b	e sent)	
	Gas Company	of New		· · · · · · · · · · · · · · · · · · ·				ox 1899,			87413		
	If well produces oil			Unit Sec.	Twp.	Rge.	Is gas actua	ily connected	? Whe	n			
	give location of tank	cs.			<u> </u>		No			_			
	If this production is	this production is commingled with that from any other lease or pool, give commingling order number:											
IV.	COMPLETION D.												
	Designate Typ	ne of Comp	letion	-(X)	ell ¦Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Res'v.	
		pe or eemp				X	X	1		! 			
	Date Spudded		-	Date Compl. Ready	to Prod.		Total Depth			P.B.T.D.			
	4-11-81			8-13-81			1980				0' KB		
	Elevations (DF, RK)			Name of Producing			Top Oil/Ga	s Pay		Tubing Dep	oth	İ	
				Pictured Cliffs		1845' KB		1872' KB					
	Perforations									Depth Casing Shoe			
	1846-56', 1860-65', 1867-70' KB									1977' KB			
				TUBI	NG, CASI	NG, AND	CEMENTI	G RECORD					
	HOLE			CASING & TUBING SIZE		IZE		DEPTH SE	<u> </u>	S	ACKS CEMEN	1T	
	12-1/4			8-5/8"			<u> </u>	148' KB		22	5 sx		
	7-7/8	8"		4-1/2"			+	977' KB		36	5		
				<u> </u>			1	872' KB		ļ			
							<u>i</u>			<u> </u>			
V.	TEST DATA ANI	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 allowable for this depth or be for full 24 hours)									eed top allow-		
	OIL WELL				able jo	or this de	pth or be for	ull 24 hours)	276				
	Date First New Oil	Run To Tanks	•	Date of Test	Producing Method (Flow, pump, gas li			pump, gas liji	CACOAM IN A	·**-			
								<u> </u>			200		
	Length of Test		1	Tubing Pressure			Casing Pressure		Cuck & Diversity				
							ļ			79.8724 .	-		
	Actual Prod. During	Test		Oil-Bbls.			Water - Bbls	•	1	Gat World			
							<u> </u>		25		VA		
									J OIL	CON CA			
	GAS WELL					T							
	Actual Prod. Test-	MCF/D		Length of Test			Bbls. Conde	nsate/MMCF	Marie Contraction of the Contrac	Gravity of	Condensate		
	287			3 Hr			0						
	Testing Method (pitc	ot, back pr.)		Tubing Pressure			Casing Pres	sure		Choke Size	•		
	Back Pr			ll psi			370	psi		3/4	··		
VI.	CERTIFICATE C	F COMPL	IANC	E				OIL C	ONSERVA	TION COM	MMISSION		
							<u> </u>			CED	1 0 1001		
	hereby certify that the rules and regulations of the Oil Conservation					APPROVEDSEP 1 0 1981							
	Commission have	commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.				BY	Original Sign	ed by FRANI	CT. CHAVEZ	, 5			
	above is true and	complete to	tne	best of my know	teage and	bellel.	SUPERVISOR DISTRICT # 3						
					TITLE _	SUPERVI	OR DISTRICT	, 9					
	\sim C	$\sim 0 \ \text{M}$									• • • •		
	ON W X XVIII					This form is to be filed in compliance with RULE 1104.							
	(Signature)					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							
	Production C	, ,					tests taken on the well in accordance with RULE 111.						
	Production Superintendent - So. Rockies (Tule)					All sections of this form must be filled out completely for allow-							
	· · · · · · · · · · · · · · · · · · ·					able on new and recompleted wells.							
	August 28, 19	70 T	/D	• 1			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.						
			(Date	: /			Separate Forms C-104 must be filed for each pool in multiply						
							completed wells.						