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SANTA FE			
FILE			
U.S.G.S.			<u> </u>
LAND OFFICE			
IRANSPORTER	OIL		I
	GAS		
OPERATOR			
	- 1675	T	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
FILE		AND	A. C.		
U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL G	A5		
LAND OFFICE					
TRANSPORTER OIL					
GAS					
OPERATOR PROPATION OFFICE					
Operator Operator					
DEPCO, Inc.					
Address					
1000 Petroleum Building	g - Denver, CO 80202	Other (Please explain)			
Reason(s) for filing (Check proper box)	and the second s	Other (Fieuse explusit)			
New Well [2]	Change in Transporter of: Oil Dry Gas				
Recompletion	Oil Dry Gas Casinghead Gas Condens	75			
Change in Ownership	Castingheda Gas Condens				
If change of ownersh:p give name					
and address of previous owner					
II. DESCRIPTION OF WELL AND	LEASE				
Lease Name	Lease No. Well No. Pool Nam	e, Including Formation	Kind of Lease		
Federal 33 SI	F078896 44 West	Kutz, P.C.	XXX, Federal XXXX		
Location					
Unit Letter P ;_109	O Feet From The South Line	e and 960 Feet From	The <u>Fast</u>		
	_		Country		
Line of Section 33 Tov	wnship 27N Range]	llW , NMPM, San Ju	idii comij		
	on our and married at CAI	e			
III. DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)		
Name of Authorized Transporter of Off					
Name of Authorized Transporter of Cas	singhead Gas or Dry Gas X	Address (Give address to which appro			
1		P.O. Box 1899, Bloomfi	leld, NM 87413		
Gas Company of New Me	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en		
If well produces oil or liquids, give location of tanks.		No	_		
	th that from any other lease or pool,	give commingling order number:			
IV. COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.		
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Its		
Designate Type of Completic		X	P.B.T.D.		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	1970' KB		
5-8-81	8-12-81	1982 KB Top Oil/Gas Pay	Tubing Depth		
Elevations (DF, RKB. RT, GR, etc.)	Name of Producing Formation	1783 KB	1797' KB		
6262' GR 6274' KB	Pictured Cliffs	1783 KB	Depth Casing Shoe		
Perforations	1010 16! VD		1982' KB		
1784-93', 1796-1807',	TURING CASING, AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
12-1/4"	8-5/8"	132' KB	100		
7-7/8"	4-1/2"	1982' KB	335		
7-7/8	1"	1797' KB			
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load of	l and must be equal to or exceed top allow-		
OIL WELL		epth or be for full 24 hours) Producing Method (Flow, pump, gas	lift. etc.)		
Date First New Oil Run To Tanks	Date of Test	producing Method (1.00) pampi and			
		Casing Pressure	Choke Stage 28		
Length of Test	Tubing Pressure				
	Oil-Bbls.	Water - Bbls.	Gas-MCE .		
Actual Prod. During Test	011-00101		5, 8, 36, Ca. 2011.		
		<u></u>	SEP I O WELL		
GAG WET T			COM.		
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravily of Condensate		
336	3 Hr	0	<u> </u>		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
Back Pr.	15 psi	396 psi	3/4"		
VI. CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION		
VI. CERTIFICATE OF COMPLIA	·· - -		SEP 1.0.1981		
I hereby certify that the rules and regulations of the Oil Conservation			BY Original Signed by FRANK T. CHAVE		
Commission have been complied with and that the converse and belief. above is true and complete to the best of my knowledge and belief.		11	SOR DISTRICT # 3		
		TITLE			
	_	This form is to be filed in	n compliance with RULE 1104.		
J. Xchus	euu	If this is a request for all	owable for a newly drilled or deepened		
(Si	gnature)	well, this form must be accome	cordance with RULE 111.		
Production Superinten	dent-So. Rockies	- All sections of this form	must be filled out completely for allow		
110000 CION SUPPLIABILITY	Title)	il abla on new and recompleted	MOIIR.		
August 28, 1981		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 m	ust be filed for each pool in multipl		
!		completed wells.			