

No. of Copies Received <input checked="" type="checkbox"/>	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
DEPCO, Inc.
Address
800 Central, Odessa, Texas 79760
Reason(s) for filing (Check proper box) Other (Please explain)
New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Dunn B Federal	Well No. 19	Pool Name, including Formation Artesia Queen Grayburg SA	Kind of Lease State, Federal or Fee	Lease No.			
Location Unit Letter G	1980 Feet From The North	Line and 1980 Feet From The East	Line of Section 10	Township 18	Range 28	, N.M.P.M., Section 25	County Dallam

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company, Pipe Line Division	Artesia, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Odessa, Texas					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 10	Twp. 18	Rge. 28	Is gas actually connected? Yes	When September 1966

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	Flow back	Shut-in	Other
Date Spudded	Date Compl. Ready to Prod.	Total Depth	Feet					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Feet					
Perforations		Depth						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	LOG NO.

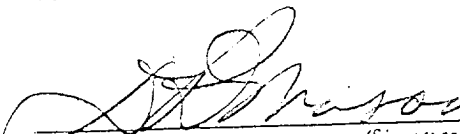
V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equivalent or exceed pay interval for this depth or be for full 24 hours)

OIL WELL			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, jet, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Gravel or Cement
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity or Consistency
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Casing 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.

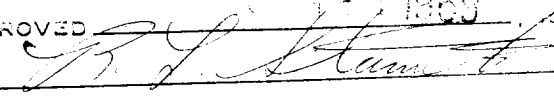


(Signature)
Chief Production Clerk

(Title)
June 20, 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED 11/18/69
BY 
TITLE _____

This form is to be filed in compliance with the rules.
If this is a request for allowable for a well, this form must be accompanied by the information and records taken on the well in accordance with the rules.
All sections of this form must be filled out completely for new wells and recompleted wells.
Fill out only Sections I, II, III, IV, V, VI, VII, VIII, and IX, well name or number, or transporter of oil, if section change of ownership.
Separate Forms C-104 must be filed for each pool in multiple completed wells.