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

RECEIVED	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
OCT 19 1983	
O. C. D. ARTESIA, OFFICE	

Operator DEPCO, INC.	
Address 800 Central, Odessa, Texas 79761	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vance Federal	Well No. 1	Pool Name, Including Formation Pecos Slope Abo	Kind of Lease State, Federal or Fee Federal	Lease No. NM 37601
Location				
Unit Letter 0 ; 660 Feet From The South Line and 1980 Feet From The East				
Line of Section 27 Township 7-S Range 26-E, NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing Company	Box 175, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Transwestern Pipeline Company	Suite 614, 1st Nat'l Bank, Odessa, Texas 79760					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 27	Twp. 7-S	Rge. 26-E	Is gas actually connected? Yes	When 7-16-82

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	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 12-15-81	Date Compl. Ready to Prod. 2-19-82		Total Depth 5638'		P.B.T.D. 5175'			
Elevations (DF, RKB, RT, GR, etc.) 3777 GR	Name of Producing Formation Abo		Top Oil/Gas Pay 4106'		Tubing Depth 4070'			
Perforations 4106-4432'						Depth Casing Shoe 5520'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4"	10 3/4"		1015'		1430 sx's.			
7 7/8"	4 1/2"		5520'		1025 sx's.			
	2 3/8"		4070'					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

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

Actual Prod. Test - MCF/D 624	Length of Test 4 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pitot, back pr.) Back pr.	Tubing Pressure (Shut-in) 955	Casing Pressure (Shut-in) 850	Choke Size 4.5-14/64

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.

R. L. Denney

R. L. Denney

Chief Production Clerk

(Title)

10-17-83

(Date)

OIL CONSERVATION COMMISSION

APPROVED	OCT 21 1983	, 19
BY	Original Signed by Leslie A. Clements	
TITLE	Supervisor District II	

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.