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| U.S.G.S.               |     |   |
| LAND OFFICE            |     |   |
| TRANSPORTER            | OIL |   |
|                        | GAS | ✓ |
| OPERATOR               |     |   |
| PRORATION OFFICE       |     | ✓ |

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

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

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JUL 15 1982

O. C. D.  
ARTESIA, OFFICE

|  |   |
|--|---|
| Operator<br>DEPCO, Inc. ✓                    |   |
| Address<br>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 type="checkbox"/> |

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

|  |               |   |  |                       |
|--|---------------|---|--|-----------------------|
| Lease Name<br>Vance Federal  | Well No.<br>3 | Pool Name, including Formation<br>Undr. Abo | Kind of Lease<br>State, Federal or Fee Federal | Lease No.<br>NM 37601 |
| Location<br>Unit Letter <u>M</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u><br>Line of Section <u>26</u> Township <u>7S</u> Range <u>26S</u> , NMPM, <u>Chaves</u> County |               |   |  |                       |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |            |            |             |  |   |
|--|--|------------|------------|-------------|--|---|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>                    | Address (Give address to which approved copy of this form is to be sent) |            |            |             |  |   |
| 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,<br>give location of tanks.  | Unit<br>M  | Sec.<br>26 | Twp.<br>7S | Rge.<br>26E | Is gas actually connected?<br><u>YES</u> | When<br><u>12-15-81</u><br><u>APP-8-30-82</u> |

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'tv. | Diff. Res'tv. |
|  |                                       | X        | X                       |          |                            |           |              |               |
| Date Spudded<br>6-1-82   | Date Compl. Ready to Prod.<br>6-25-82 |          | Total Depth<br>4820     |          | P.B.T.D.<br>4725           |           |              |               |
| Elevations (DF, RKB, RT, GR, etc.)<br>3794 GR                          | Name of Producing Formation<br>ABO    |          | Top Oil/Gas Pay<br>4103 |          | Tubing Depth<br>4311'      |           |              |               |
| Perforations<br>4381-4400 19 holes @ .40" & 4471-4556' 19 holes @ .40" |                                       |          |                         |          | Depth Casing Shoe<br>4820' |           |              |               |
| TUBING, CASING, AND CEMENTING RECORD                                   |                                       |          |                         |          |                            |           |              |               |
| HOLE SIZE  | CASING & TUBING SIZE                  |          | DEPTH SET               |          | SACKS CEMENT               |           |              |               |
| 11"  | 8 5/8"                                |          | 937'                    |          | 600 sx. Circ. 15 sx.       |           |              |               |
| 7 7/8"   | 4 1/2"                                |          | 4819'                   |          | 850 sx. TOC 850'           |           |              |               |
|  | 2 3/8"                                |          | 4311'                   |          |                            |           |              |               |

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<br>1154              | Length of Test<br>4 hrs.         | Bbls. Condensate/MMCF<br>0        | Gravity of Condensate<br>0 |
| Testing Method (pitot, back pr.)<br>Back pr. | Tubing Pressure (shut-in)<br>865 | Casing Pressure (shut-in)<br>Pkr. | Choke Size<br>14-23/64"    |

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  
(Signature)  
Chief Production Clerk  
(Title)  
7-14-82  
(Date)

OIL CONSERVATION COMMISSION  
Original Signed By DEC 22 1982  
APPROVED Ledie A. Clements  
BY Supervisor District II  
TITLE \_\_\_\_\_

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.

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

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DEC 20 1982

O. C. D.  
ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

DATE December 17, 1982

This is to notify the Oil Conservation Division that connection for the  
purchase of gas from the Depco, Inc. ✓

Operator

Vance-Federal

#3 (Unit Letter <sup>M</sup> unknown)

Lease

Well Unit

Sec. 26-7S-26E, Chaves Co.

*Pecos State*  
Undesignated (Abo)

S.T.R.

Pool

Transwestern  
Name of purchaser

was made on December 15, 1982

Transwestern Pipeline Company  
Company

*H. N. Aicklen* <sup>AKB</sup> H. N. Aicklen  
Representative

Supervisor Gas Purchase Contract Administration  
Title

cc: Operator  
Oil Conservation Division - Santa Fe