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

Form C-104
Revised by Old C-104 and C-110
Effective 1-1-65

RECEIVED BY
OCT 19 1983
O. C. D.
ARTESIA, OFFICE

I. Operator
DEPCO, INC.
Address
800 Central, Odessa, Texas 79761

Reason(s) for filing (Check proper box)
New Well ☒ Add
Recompletion ☐ Change in Transporter of:
Change in Ownership ☐ Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☒

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vance Federal	Well No. 3	Pool Name, Including Formation Pecos Slope Abo	Kind of Lease State, Federal or Fee Federal	Lease No. NM 37601
Location 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> Line of Section <u>26</u> Township <u>7-S</u> Range <u>26-E</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 checked="" type="checkbox"/> Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) Box 175, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Suite 614, 1st. Nat'l Bank, Odessa, Texas 79760					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 26	Twp. 7-S	Rge. 26-E	Is gas actually connected? Yes	When 12-15-82

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'tv.	Diff. Res'tv.
			X	X					
Date Spudded 6-1-82	Date Compl. Ready to Prod. 6-25-82	Total Depth 4820		P.B.T.D. 4725					
Elevations (DF, RKB, RT, GR, etc.) 3794 GR	Name of Producing Formation Abo	Top Oil/Gas Pay 4103		Tubing Depth 4311'					
Perforations 4381-4400 19 holes @ 40" & 4471-4556' 19 holes @ .40"				Depth Casing Shoe 4820'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
11"	8 5/8"	937'		600 sxs. Circ. 15 sxs.					
7 7/8"	4 1/2"	4819'		850 sxs. 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 1154	Length of Test 4 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pitot, back pr.) Back pr.	Tubing Pressure (shut-in) 865	Casing Pressure (shut-in) pkr	Choke Size 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)
10-17-83
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 21 1983, 19
Original Signed By
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.