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| LAND OFFICE            | <input checked="" type="checkbox"/>     |  |
| TRANSPORTER            | OIL <input checked="" type="checkbox"/> |  |
|                        | GAS <input checked="" type="checkbox"/> |  |
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
RECEIVED BY  
Supervisors Old C-104 and C-110  
Effective 1-1-65  
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 ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ 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<br>Rose Federal  | Well No.<br>2 | Pool Name, including Formation<br>Pecos Slope Abo | Kind of Lease<br>State, Federal or Fee Federal | Lease No.<br>NM 36408 |
| Location<br>Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West<br>Line of Section 20 Township 5-S Range 25-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"/><br>Navajo Crude Oil Purchasing Company   | Address (Give address to which approved copy of this form is to be sent)<br>Box 175, Artesia, New Mexico 88210              |            |           |            |                                   |                 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br>Transwestern Pipeline Company | Address (Give address to which approved copy of this form is to be sent)<br>Suite 614, 1st. Nat'l Bank, Odessa, Texas 79760 |            |           |            |                                   |                 |
| If well produces oil or liquids,<br>give location of tanks.   | Unit<br>C   | Sec.<br>20 | Twp.<br>5 | Rge.<br>25 | Is gas actually connected?<br>Yes | When<br>5-20-83 |

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<br>9-30-82                       | Date Compl. Ready to Prod.<br>11-4-82 | Total Depth<br>4225'     |           | P.B.T.D.<br>4178'          |                       |        |           |             |              |
| Elevations (DF, RKB, RT, GR, etc.)<br>3837 GR | Name of Producing Formation<br>Abo    | Top Oil/Gas Pay<br>3787' |           | Tubing Depth<br>3727'      |                       |        |           |             |              |
| Perforations<br>3787-3853' 23 .40" holes      |                                       |                          |           | Depth Casing Shoe<br>4225' |                       |        |           |             |              |
| TUBING, CASING, AND CEMENTING RECORD          |                                       |                          |           |                            |                       |        |           |             |              |
| HOLE SIZE                                     | CASING & TUBING SIZE                  |                          | DEPTH SET |                            | SACKS CEMENT          |        |           |             |              |
| 14 3/4"                                       | 11 3/4"                               |                          | 975'      |                            | 575 sx. Circ. 50 sx.  |        |           |             |              |
| 7 7/8"  | 4 1/2"                                |                          | 4223'     |                            | 1070 sx. Circ. 20 sx. |        |           |             |              |
|   | 2 3/8"                                |                          | 3727'     |                            |                       |        |           |             |              |

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>107               | 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>934 | Casing Pressure (Shut-in)<br>1043 BHP | Choke Size<br>12-20/64     |

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

OCT 21 1983

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_  
Lestia A. Clements

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.