

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		✓
FILE		✓
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 1-65

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 Change of 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 <u>Rose Federal</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>Pecos Slope Abo</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM 36408</u>
Location Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>19</u> Township <u>5-S</u> Range <u>25-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"/> <u>Navajo Crude Oil Purchasing Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 175, Artesia, New Mexico 88210</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Transwestern Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Suite 614, 1st. Nat'l Bank, Odessa, Texas 79760</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>19</u>	Twp. <u>5</u>	Rge. <u>25</u>	Is gas actually connected? <u>Yes</u>	When <u>6-27-83</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'v.	Diff. Res'v.
			X	X					
Date Spudded <u>1-5-83</u>	Date Compl. Ready to Prod. <u>2-12-83</u>	Total Depth <u>4210'</u>		P.B.T.D. <u>4142'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3858 GR</u>	Name of Producing Formation <u>Abo</u>	Top Oil/Gas Pay <u>3641'</u>		Tubing Depth <u>3551'</u>					
Perforations <u>3641-3808' 37 - .41" holes</u>				Depth Casing Shoe <u>4209'</u>					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
<u>14 3/4"</u>	<u>10 3/4"</u>	<u>1005'</u>		<u>7-0 sx. Circ. 200 sx.</u>					
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>4209'</u>		<u>1275 sx. W/DV Tool @</u>					
				<u>2298'</u>					
	<u>2 3/8"</u>	<u>3551'</u>							

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 <u>1733</u>	Length of Test <u>4 hrs.</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate <u>0</u>
Testing Method (pitot, back pr.) <u>Back pr.</u>	Tubing Pressure (shut-in) <u>946#</u>	Casing Pressure (shut-in) <u>1049#</u>	Choke Size <u>13-24/64</u>

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
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.