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ł	DISTRIBUTION		ERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-110		
ľ	SANTA FE		R ALLOWABLE	DE	CEIVED BY	7	
	FILE VV						
	U.S.G.S.	AUTHORIZATION TO TRANS	PURT OIL AND NAT				
ł	LAND OFFICE				T 19 1983		
	TRANSPORTER GAS				O. C. D.		
	OPERATOR 1/			AF	RTESIA, OFFICE		
1.	PRORATION OFFICE						
•	Operator						
	DEPCO, INC.						
	Address						
	800 Central, Odessa, Texas 79761 (eason(s) for filing (Check proper box) Add						
	leason(s) for filing (chick proper cas) field. New We!!						
	Recompletion Oil Dry Gas						
	Change in Ownership Casinghead Gas Condensate						
	If change of ownership give name and address of previous owner						
11.	DESCRIPTION OF WELL AND L	SCRIPTION OF WELL AND LEASE		ind of Lease			
	Rose Federal 4 Pecos Slope A		bo	tate, Federal c	Federal	<u>NM 36408</u>	
	Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West						
	County Chaves County						
	Line of Section 19 Township 5-S Range 25-E , IMPLY, CHAVES						
		ESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
III.	DESIGNATION OF TRANSPORT	or Condensate X				o be sent)	
	Newsio Crude Oil Purchasing Company		Box 175, Artesia, New Mexico 88210 Address (Give address to which approved copy of this form is to be sent)				
	Name of Authorized Transporter of Cast						
	Transwestern Pipeline	Suite 614, 1st, Nat'l Bank, Odessa, Texas 79760					
	If well produces oil or liquids,	Unit Sec. 1.05	-	i i	7-10-83		
	cive location of tanks.						
	If this production is commingled wit	If this production is commingled with that from any other lease or pool, give commingling order number:					
IV	. COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same He	s'v. Dill. Hes.v.	
	Besignate Type of Completio	n = (X) X	X	· · · · · · · · · · · · · · · · · · ·	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth			and the second se	
	1-20-83	2-16-83	4220' Top Cil/Gas Pay		4075' Tubing Depth		
	Elevations (DF, RKB, RT. GR, etc.)	Name of Ploducing / Similaron	3694'		3627'		
	3893 GR	Abo			Depth Casing Shoe		
	Perforations				4117'		
	3694-3869' 4141"	TUBING, CASING, AND	CEMENTING RECORD	<u> </u>	SACKS CE	MENT	
	HOLESIZE	CASING & TUBING SIZE	DEPTH SE	<u>τ</u>			
	14 3/4"	10 3/4	1007' 4117'		700 6x. Cire 1350 sx. w/DV	tool_@	
	7_7/8"	4_1/2"	4117		2317' TOC 290		
		2 3/8"	36271				
1	V. TEST DATA AND REQUEST F	able for this dep	pth or be for full 24 hours, Producing Method (Flow	/			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (F tow	, pamp, s -c -o,	·,,		
		Tubing Pressafe	Casing Pressure		Choke Size		
	Length of Test	Tubing Pressure					
	Actual Prod. During Test	Qti-Bbis.	Water - Bbls.		Gas-MCF		
	Actual Proa. During reet	1			<u></u>	J	
	L				and the second sec		
	GAS WELL		Bbis. Condensate/MMC	F	Gravity of Condehea	te	
	Actual Prod. Test MCF/D	Length of Test 4 hrs.	0		0		
	1440 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in)	Choke Size		
	Back pr.	900#	1004#		15-25/64		
	VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION				
•			OCT 21 1983				
	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.		APPROVEDOriginal Signed By				
			BYLestie A. Clements				
	above is true and complete to th	above is true and compress to the state of		TITLE Supervisor District II			
			min the is to be filed in compliance with RULE 1104.				
	L.L. Denney R. L. Denney						
	K.L. Jenne-	R. I., Denney	well, this form must be accompanied by with RULE 111.		n of the deviation		
		tests taken on the well in accordance with rocks that All sections of this form must be filled out completely for allow- able 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.					
	Chief_Pfoduct						
	10-1						
		Separate Forms C-104 must be filed for each pool in multiply completed wells.					