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	DISTRIBUTION	—	ONSERVATION COMMISSION	Form C-104
	SANTA FE	REQUEST	FOR ALLOWABLE	RECEIVED BY
	FILE U U	AUTHORIZATION TO TRAI	AND NSPORT OIL AND NATURAL GA	c
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	OCT 19 1983
	OIL (/			001 10 1005
	TRANSPORTER GAS V			O. C. D. ARTESIA, OFFICE
I.	PRORATION OFFICE			Action, Carrie
	Operator TNG			
	DEPCO, INC.			
	800 Central, Odessa,	Texas 79761		
	Reason(s) for filing (Check proper box)	AJJ	Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion	Oil Dry Gas	- 	
	Change in Ownership	Casinghead Gas Conden	sate [/]	
	If change of ownership give name			
	and address of previous owner			
**	DESCRIPTION OF WELL AND	LEASE		
	Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.
	Rose Federal Com.	12 Pecos Slope	Abo State, Federal	or Fee Federal NM 36408
	Location			
	Unit Letter C; 660	Feet From The North Line	e and 1980 Feet From Ti	ne West
			OF TO MINDING Charge	County
	Line of Section 21 Township 5-S Range 25-E , NMPM, Chaves Cour			
	PERSONATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s	
111.	Name of Authorized Transporter of Oil	or Condensate X	Address (Give address to which approve	ed copy of this form is to be sent)
	Navajo Crude Oil Purc		Box 175, Artesia, New Address (Give address to which approve	Mexico 88210
	Name of Authorized Transporter of Cas	singhead Gas Or Dry Gas X	Address (Give address to which approve	ed copy of this form is to be sent)
	Transwestern Pipeline	Company	Suite 614, 1st. Nat'l B	ank, Odessa, Texas 79760
	If well produces oil or liquids,	Unit Sec. Twp. Fige.	Is gas actually connected? When	7–27–83
	give location of tanks.		103	7 27 03
	If this production is commingled with	th 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 Resty. Diff. Resty.
	Qesignate Type of Completic	01,	X	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	12-26-83	2-9-83	4220 '	4205'
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	3759 GR	Abo	3705'	3630 Depth Casing Shoe
	Perforations		-	4219
	3705-4175' 4341'		CEMENTING RECORD	7217
			DEPTH SET	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	50'	250 sxs.
	14 3/4"	10 3/4"	1002	700 sxs. Circ. 150 sx.
	7 7/8"	4 1/2"	4219'	1600 sx. Circ. 120 sx.
		2 3/8"	3630'	
v	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all			
OIL WELL				etc.)
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, panis)	, 5.5.7,
		Tubing Pressure	Casing Pressure	Choke Size
	Length of Test	Tubing Freeze		
	Actual Prod. During Test	OII-Bbis.	Water-Bbls.	Gas-MCF
	Access 1			
	GAS WELL		0.00	Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	O Condemnate
	1132	4 hrs. Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	Testing Method (pitot, back pr.)	967	1126	13.5 - 30/64
	Back pr.			TION COMMISSION
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.		APPROVED Original Signed By Leslie A. Clements	
			Supervisor District II	
			TITLE	
			This form is to be filled in compliance with RULE 1104.	
	R. L. Denney R. L. Denney		li se a la seconda for allowable for a newly drilled or deepened	
	(Signature) Chief Production Clerk		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. Attacctions of this form must be filled out completely for allow-	
		itle)	able on new and recompleted wells.	
	10-17-83		Fill out only Sections I, II	III, and VI for changes of owner, er, or other such change of condition.
	(D	ate)	Separate Forms C-104 must	be filed for each pool in multiply
			completed wells.	