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	GAS <input checked="" type="checkbox"/>
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 1-1-65

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NOV 15 1982
O. C. D.
ARTESIA, OFFICE

Operator DEPCO, INC. ✓	
Address 800 CENTRAL, ODESSA, TX 79761	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name VANCE/FEDERAL "A"	Well No. 2	Pool Name, Including Formation PECOS SLOPE ABO	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM 21493
Location Unit Letter E ; 1980 Feet From The North Line and 660 Feet From The West Line of Section 34 Township 7-S Range 26-E , NMPM, CHAVES County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 175 Artesia, N.M. 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 103 N. Pennsylvania Suite 614, 1st Nat'l Bank Bldg., Odessa, TX 79701					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 34	Twp. 7-S	Rge. 26-E	Is gas actually connected? No yes	When 1-13-84 Awaiting PL connection

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. 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 9-24-82	Date Compl. Ready to Prod. 10-28-82		Total Depth 4695'		P.B.T.D. 4654'			
Elevations (DF, RKB, RT, GR, etc.) 3763' GR	Name of Producing Formation Abo		Top Oil/Gas Pay 4277'		Tubing Depth 4206'			
Perforations 4277'-4398'	32	.40" hole Abo		Depth Casing Shoe 4694'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8 5/8"	24#		1013'		660 SXS			
4 1/2"	10.50#		4694'		1020 SXS			
	2 3/8		4206					

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 237	Length of Test 4 3/4 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 947-764#	Casing Pressure (Shut-in) 1092 BHP	Choke Size 9-26/64" ch.

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
(Signature)
Chief Production Clerk
(Title)
November 4, 1982
(Date)

OIL CONSERVATION COMMISSION MAR 29 1984	
APPROVED _____, 19____	Original Signed 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. C-104 must be filed for each pool in multiple	