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U.S.O.S.
LAND OFFICE
TRANSPORTER <input type="checkbox"/> OIL <input checked="" type="checkbox"/> GAS
OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form OCS-1
Revised 1-1-68
6-116

6-116

I. OPERATOR
Operator
DEPCO, Inc.

Address
800 Central, Odessa, Texas 79760

Reason(s) for filing (Check proper box) Other (Please explain)
New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE
Lease Name State 647 AC 722 Well No. 195 Pool Name, including Formation Artesia Queen Grayburg SA Kind of Lease State, Federal, or Fed. State Lease No. 647
Location
Unit Letter B 990 Feet From North Line and 1650 Feet From The East
Line of Section 32 Township 17 Range 28, N.M.P.M. East 32 Range

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company, Pipe Line Division Artesia, New Mexico
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company Odessa, Texas
If well produces oil or liquids, give location of tanks. Unit A Sec. 32 Twp. 17 Rge. 28 Is gas actually connected? Yes When 8-25-68

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 Sand Room. Sand Room.
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.D.T.D. _____
Elevations (DF, RKB, RT, GR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Testing Depth _____
Perforations _____ Depth Casing end _____
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELLS (Test must be after recovery of total volume of load oil and must be equal to or exceed test volume data 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. _____ GOR-MCF _____

GAS WELLS
Actual Prod. Test-MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____
Testing Method (pilot, back pr.) _____ Tubing Pressure (Gauge-14) _____ Casing Pressure (Gauge-14) _____ Choke Size _____

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.
[Signature]
(Signature)
Chief Production Clerk
(Title)
June 20, 1969
(Date)

OIL CONSERVATION COMMISSION
APPROVED [Signature] 1969
BY [Signature]
TITLE _____
This form is to be filed in each county where the well is located.
If this is a request for initial test for a new well, or a change of an existing well, this form must be accompanied by a copy of the definition table taken on the well in accordance with the rules.
All sections of this form must be filled out completely for all oil wells on new and recompletes wells.
Fill out only Sections I, II, III, and IV for changes of existing well name or number, or transportation of casing head gas or condensate.
Separate Forms O-104 must be filed for each pool in multiple completion wells.