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NEW MEXICO OIL CONSERVATION CO. SSION

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED BY
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JAN 15 1985
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND

Operator DEPCO, Inc. ✓		W I W
Address 800 Central, Odessa, Texas 79761		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	Name change only:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	From: State 648, to: East Millman Unit
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Millman Unit	Well No. 151	Pool Name, Including Formation SA Millman Queen Grayburg East	Kind of Lease State, Federal or Fee State	Lease No. 648
Location Unit Letter I ; 1980 Feet From The South Line and 660 Feet From The East Line of Section 15 Township 19 S Range 28 E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) Box 175, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79760					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 15	Twp. 19	Rge. 28	Is gas actually connected? Yes	When Sept. 1960

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

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 allowable for this depth or be for full 24 hours)

OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks	Date of Test	Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water-Bbls.	Gas-MCF
Actual Prod. During Test	Oil-Bbls.		
GAS WELL		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		

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)1-9-85
(Date)

OIL CONSERVATION COMMISSION

JAN 17 1985

APPROVED _____, 19

BY Original Signed By
Leslie A. Clements

TITLE Supervisor District II

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.