

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
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

I.

Operator MILLARD DECK	
Address P. O. Box 1047, Eunice, New Mexico 88231	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change In Transporter of:
Recompletion <input checked="" 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

THIS WELL IS TO BE PLACED IN THE PRODUCTION CATEGORY OF "NEW" IF YOU DO NOT CONCUR

II. DESCRIPTION OF WELL AND LEASE

Lease Name Alexander	Well No. 1	Pool Name, including Formation Eunice Monument Grayburg	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Center E	1980	Feet From The North	Line and 660'	Feet From The West
Line of Section 7	Township 21S	Range 37E	NMPM, Lea	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"/> General Petroleum Company, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 840, Hobbs, New Mexico 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1135, Eunice, New Mexico 88231	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 7
	Twp. 21S	Rge. 37E
	Is gas actually connected? yes	
	When 1-28-66	

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X			X				X
Date Spudded 11-25-72	Date Compl. Ready to Prod. 12-13-72		Total Depth 4119'		P.B.T.D. 4058'			
Elevations (DF, RKB, RT, CR, etc.) 3492' GL - 3500'RKB	Name of Producing Formation Grayburg		Top of Gas Pay 3799'		Tubing Depth 3750'			
Perforations 3799' - 3931'					Depth Casing Shoe 4119'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
4 3/4"	869' - 4" Hydril PJ		4119'		100 sx Class C cement			

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 5-26-73	Date of Test 5-26-73	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test	Oil-Bbls. 6	Water-Bbls. 1	Gas-MCF 7

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Gals. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.

Millard Deck
(Signature)

Owner-Operator

(Title)

June 1, 1973

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY *[Signature]*

TITLE **SECRETARY**

This form is to be filed in compliance with RULE 1104.

This is a request for allowable for a newly drilled or deepened well, and 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