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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 Willard Deck
Address P. O. Box 109, Eunice, New Mexico 88231
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Lou Wortham "A"</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Penrose-Skelly</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>A</u> <u>660</u> Feet From The <u>north</u> Line and <u>990</u> Feet From The <u>east</u> Line of Section <u>11</u> Township <u>22S</u> Range <u>37E</u> , NMPM, <u>136</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Texas-New Mexico Pipe Line Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1510, Midland, Texas</u>					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>Skelly Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 372, Eunice, New Mexico 88231</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>11</u>	Twp. <u>22S</u>	Rge. <u>37E</u>	Is gas actually connected? <u>Pipe line under construction</u>	When

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 <u>March 28, 1967</u>	Date Compl. Ready to Prod. <u>April 8, 1967</u>		Total Depth <u>3830'</u>		P.B.T.D. <u>3820'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3350' GR</u>	Name of Producing Formation <u>Grayburg</u>		Top Oil/Gas Pay <u>3553'</u>		Tubing Depth <u>2188'</u>			
Perforations <u>One jet shot each at 3553', 3624', 3678', 3691', 3695', 3698', 3709', 3727', 3731', 3711', 3715', 3757', 3761', 3768', 3778', & 3796'.</u>		Depth Casing Shoe <u>3830'</u>						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/2"</u>	<u>8 5/8"</u>		<u>301'</u>		<u>150</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>3830'</u>		<u>250</u>			
	<u>2 3/8"</u>		<u>2188'</u>					

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 <u>April 10, 1967</u>	Date of Test <u>April 10, 1967</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>200#</u>	Casing Pressure <u>600#</u>	Choke Size <u>16/64"</u>
Actual Prod. During Test <u>86 bbls.</u>	Oil - Bbls. <u>62 bbls.</u>	Water - Bbls. <u>24 bbls.</u>	Gas - MCF <u>15.2</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Willard Deck
(Signature)

Owner - Operator
(Title)

4/12/67
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY _____

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.