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TRANSPORTER OIL		
TRANSPORTER 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 [X]
- Recompletion [ ]
- Change in Ownership [ ]

Change in Transporter of:

- Oil [ ]
- Dry Gas [ ]
- Casinghead Gas [ ]
- Condensate [ ]

Other (Please explain)
CASINGHEAD GAS MUST NOT BE FLARED AFTER 5/12/71 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
PATSY	1	LANGLIE MATTIX QUEEN	State, Federal or Fee FEE	

Location

Unit Letter A ; 660 Feet From The EAST Line and 990' Feet From The NORTH

Line of Section 20 Township 22S Range 37 E , NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: TEXAS-NEW MEXICO PIPE LINE COMPANY
Address *(Give address to which approved copy of this form is to be sent)*: P. O. BOX 1510, MIDLAND, TEXAS

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]: 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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	20	22S	37E	NO	

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.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11/30/70	12/10/70	4000'	3995'
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3372' GR	QUEEN	3469'	3600'
Perforations			**Depth Casing Shoe**
3469' - 3601'			4000'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8" 28#	305'	200 SKS-CIRCULATED
7 7/8"	5 1/2" 15.50#	4000	565 SKS.

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

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
12/12/70	12/12/70	PUMP	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 HRS.	--	--	--
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
112 BBLS	15	97	22.5

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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)

12/24/70
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 4 1971, 19 _____

BY [signature]

TITLE SUPERVISOR DISTRICT I

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.