

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF APPLICANTS	
DATE RECEIVED	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

I. OPERATOR

Operator: Millard Deck Estate, First National Bank of Fort Worth, Independent Executor

Address: P. O. Box 2546, Fort Worth, Texas 76113

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Operator Name and Address
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
		Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner: Millard Deck

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Lea "407" State</u>	Well No. <u>5</u>	Pool Name, Including Formation <u>San Simon Yates North</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>F-1673</u>
Location				
Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>33</u> Township <u>21S</u> Range <u>35E</u> , 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"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>The Permian Corporation</u>	<u>P. O. Box 3119, Midland, Texas 79701</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>Phillips Petroleum Company</u>	<u>Petroleum Building Bartlesville, Ok. 74101</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>33</u>	Twp. <u>21S</u>	Rge. <u>35E</u>
	Is gas actually connected? <u>Yes</u>			When <u>1-7-59</u>

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff. Res
Date Spudded <u>5-14-58</u>	Date Compl. Ready to Prod. <u>5-25-58</u>		Total Depth <u>3950'</u>		P.B.T.D. <u>3924'</u>			
Elevations (DF, RAB, RT, CR, etc.) <u>3631'</u>	Name of Producing Formation <u>Yates</u>		Top Oil/Gas Pay <u>3768'</u>		Tubing Depth <u>3844'</u>			
Perforations <u>3848'-3868' & 3874'-3890'</u>					Depth Casing Shoe <u>3949'</u>			
TUBING, CASING, AND CEMENTING RECORD								
MOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS 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	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.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (psol, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Bryan P. Dixon
Bryan P. Dixon (Signature)
Petroleum Engineer

(Title)

December 21, 1981
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY Orig. Signed 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 deviated 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 multiple-completed wells.

Before the OCD
Case 13361
OCD Ex. 6