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OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
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RECEIVED BY CONSERVATION DIVISION

P. O. BOX 2088

NOV 15 1985 SANTA FE, NEW MEXICO 87501

RECEIVED BY

O. C. D. REQUEST FOR ALLOWABLE

ARTESIA OFFICE

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

ARTESIA OFFICE

Millard Deck Estate

Address

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

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 12-4-85UNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINEDIf change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
Federal 19	1	High Lonesome <i>Queen</i>	State, Federal or Fee Fed.	03361
Location				
Unit Letter <u>A</u>	: 660'	Feet From The <u>N</u> Line and	660'	Feet From The <u>East</u>
Line of Section <u>19</u>	Township <u>16S</u>	Range <u>29E</u>	NMPM, <u>Eddy</u>	Cou

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)					
Navajo Refining Company	P. O. Drawer 159, Artesia, N M 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	19	16S	29E	No	

If this production is commingled with that from any other lease or pool, give commingling order number: N/A

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. R <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
9-8-85	9-30-85	1875'	1846'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3638.8 GL	Penrose	1746'	1750'					
Perforations						Depth Casing Shoe		
1746' - 1772'						1874'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8"	355	250 SX
7 7/8	4 1/2"	1874	360 SX
	2 3/8"	1750	

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
able 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.)	
9-24-85	9-30-85	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	0	0	-- (X)
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF
	30	30 (Load)	50

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

1. 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.

Ed DiRo (Signature) Ed DiRo
Petroleum Engineer (Title)
9-30-85 (Date) 817-390-6762

OIL CONSERVATION DIVISION

APPROVED OCT 31 1985, 19__BY Les A. Clements Original Signed By
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 de
well, this form must be accompanied by a tabulation of the de
tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for
able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of
well name or number, or transporter, or other such change of co
Separate Forms C-104 must be filed for each pool in r
completed wells.