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TRANSPORTER	OIL
	GAS
OPERATOR	
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**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**

Operator: **Millard Deck**

Address: **F. O. Box 1047, Eunice, New Mexico 88231**

Reasons for changing (Check proper box)

New Well:  Change in Transporter of: Oil  Dry Gas   
 Reconn. Well:  Casinghead Gas  Condensate   
 Change in ownership:

Other (Please explain): **AD GAS MUST NOT BE OBTAINED AFTER UNLESS AN EXCEPTION TO R-407C IS OBTAINED.**

If change in ownership give name and address of previous owner: **John Yuronka et al 120-C Central Bldg., Midland, Texas 79701**

**II. DESCRIPTION OF WELL AND LEASE**

Lease State: <b>State</b>	Well No.: <b>1</b>	Pool Name, including Formation: <b>Eumont Seven Rivers Queen</b>	Kind of Lease: <b>State</b>	Lease No.: <b>B-1327</b>
Location: <b>J 3226</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>East</b>				
Line Section: <b>2</b> Township: <b>21S</b> Range: <b>35E</b> , NMPM, <b>Lea</b> 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)
<b>Texas New Mexico Pipe Line Company</b>	<b>P. O. Box 1510, Midland, Texas 79701</b>
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)
<b>Phillips Petroleum Company</b>	<b>Partlesville, Oklahoma</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<b>J 2 21S 35E</b>	<b>Waiting for a connection</b>

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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res't. <input type="checkbox"/>	Diff. Res't. <input type="checkbox"/>
Date Spudded: <b>12-5-71</b>	Date Compl. Ready to Prod.: <b>3-20-72</b>	Total Depth: <b>3980'</b>	P.B.T.D.: <b>3954'</b>					
Elevations (DF, RKB, RT, GR, etc.): <b>3578' GL-3590' RKB</b>	Name of Producing Formation: <b>Seven Rivers Queen</b>	Top Oil/Gas Pay: <b>3766'</b>	Tubing Depth: <b>3700'</b>					
Perforations: <b>3766' - 3930'</b>	Depth Casing Shoe: <b>3980'</b>							
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12 1/2"</b>	<b>8 5/8"</b>	<b>20# H-40</b>	<b>347</b>		<b>300 sks - circulated</b>			
<b>7 7/8"</b>	<b>4 1/2"</b>	<b>9.5# J-55</b>	<b>3980</b>		<b>275 sks.</b>			

**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: <b>3-27-72</b>	Date of Test: <b>3-27-72</b>	Producing Method (Flow, pump, gas lift, etc.): <b>Pump</b>	
Length of Test: <b>24 hrs.</b>	Tubing Pressure: <b>---</b>	Casing Pressure: <b>---</b>	Choke Size: <b>---</b>
Actual Prod. During Test: <b>28</b>	Oil - Bbls.: <b>28</b>	Water - Bbls.: <b>0</b>	Gas - MCF: <b>102</b>

**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.

\_\_\_\_\_  
(Signature)  
**Owner-Operator**  
(Title)

OIL CONSERVATION COMMISSION

APPROVED **APR 2 1972**, 19\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_ 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 or non-completed wells.

