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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-110
Effective 1-1-65

I. OPERATOR

Operator **Millard Deck**

Address **P. O. Box 1047 Eunice, New Mexico 88231**

Reason(s) for filing (check proper box) New Well Recombpletion Change in Ownership Change in Transporter of: Oil Casinghead Gas Dry Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name L. W. White "A" Com	Well No. 1	Pool Name, including Formation Eumont Yates 7-Rivers Q.	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter B , 1980 Feet From The East Line and 660 Feet From The North Line of Section 2 Township 21 South Range 35 East , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Charter International Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 5008, Houston, Texas 77012			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4th & Washington, Odessa, Texas 79760			
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 2	Twp. 21S	Rge. 35E
	Is gas actually connected? Yes		When 10-8-77	

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'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE 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 (flow, 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)
December 6, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 11 1978, 19____

BY John Runyan
Orig. Signed by
Geologist

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 completion tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on newly drilled or deepened wells.
Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.
