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TRANSPORTER	OIL	
	GAS	
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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

Operator Millard Deck	
Address P. O. Box 409, Eunice, New Mexico 88231	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Anderson	Well No. 9	Pool Name, Including Formation Monument Grayburg San Andres	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter F ; 1650 Feet From The north Line and 1980 Feet From The west				
Line of Section 17 Township 20S Range 37E , NMPM, Lea County				

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) Box 2648, Houston, Tex. 77001 Attn: Oil	
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) P. O. Box 1197, Eunice, N. M. 88231	
Warren Petroleum Corporation	Unit F	Sec. 17
If well produces oil or liquids, give location of tanks.	Twp. 20S	Rge. 37E
	Is gas actually connected? Yes	When 7/22/68

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'v.
Date Spudded 6/10/68	Date Compl. Ready to Prod. 6/25/68	Total Depth 3780'	P.B.T.D. 3683'					
Elevations (DF, RKB, RT, GR, etc.) 3541' GR	Name of Producing Formation Grayburg San Andres	Top Oil/Gas Pay 3561'	Tubing Depth 3550'					
Perforations 3561', 67', 69', 95', 3619', 29', 31', 38', 39', 51', & 65'	TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe 3780'					
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8" OD 24.00#	DEPTH SET 314'	SACKS CEMENT 150 sacks Circulated					
7 7/8"	4 1/2" OD 9.5#	3780'	357					
	2 3/8" OD 8R	3550'						

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 6/28/68	Date of Test 7/3/68	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 25#	Casing Pressure 250#	Choke Size 3/4"
Actual Prod. During Test 1 1/4 bbls.	Oil-Bbls. 3/4 bbl.	Water-Bbls. 1/2 bbl.	Gas-MCF 810

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)

7/5/68  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 1968  
BY John W. Runyan  
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 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.