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

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 Millard Deck		
Address P. O. Box 1047, Eunice, New Mexico		
Reason(s) for filing (Check proper box)		Owner (Please print name) GAS MUST NOT BE
New Well <input checked="" type="checkbox"/>	Change in Transporter of	PLANNED AFTER 11/21/71
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	UNDER A PERMIT TO R-4070
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	IS OBTAINED
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

IF THIS WELL IS PLACED IN THE POOL
THESE CONDITIONS DO NOT CONCUR

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "A"	Well No. 1	Pool Name, including Formation Littman-San Andres	Kind of Lease State, Federal or Fee Fed	Lease No. NM 3625
Location				
Unit Letter P	660	Feet From The South	Line and 660	Feet From The East
Line of Section 20	Township 21S	Range 38E	, 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)	
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)	
Shell Pipe Line Company		
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 20
	Twp. 21S	Rge. 38E
	Is gas actually connected?	When
	No	TSTM

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 checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 10-21-71	Date Compl. Ready to Prod. 11-12-71		Total Depth 4420'		P.B.T.D. 4406'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation San Andres		Top Oil/Gas Pay 4356'		Tubing Depth 4340'			
Perforations 4356 - 4380					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8-5/8" - 24#	671'	350 sks circulated
			35 sks to surface
7-7/8"	5 1/2" - 15.50#	4415'	275 sks

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 11-12-71	Date of Test 11-21-71	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 100	Oil-Bbls. 100	Water-Bbls. 0	Gas-MCF TSTM

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.

OIL CONSERVATION COMMISSION

APPROVED

NOV 29 1971

BY

Leslie A. Clements

TITLE

OIL & GAS INSPECTOR

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 allow-

Owner - Operator

(Title)

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OIL CONSERVATION COMM.
HOBBS, N. M.