

OIL CONSERVATION DIVISION

P. O. BOX 2085

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

Millard Deck Estate, First National Bank of Fort, Independent Executor

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)

Operator Name and Address

If change of ownership give name
and address of previous owner

Millard Deck

II. DESCRIPTION OF WELL AND LEASE

Lease Name Anderson "A"	Well No. 9	Pool Name, Including Formation Eunice Monument Graybury SA	Kind of Lease State, Federal or Fee	Fee	Lease No. B-1040
Location					
Unit Letter <u>F</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u>					
Line of Section <u>17</u> Township <u>20S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas Co.		P. O. Box 1492, El Paso, Texas 79999			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When

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't.	Diff. Res
		X	X					
Date Spudded 5-13-78	Date Compl. Ready to Prod. 6-1-78		Total Depth 3832'			P.B.T.D. 3827'		
Elevations (DF, RKB, RT, GR, etc.) 3541.3 GL	Name of Producing Formation Grayburg		Top Oil/Gas Pay 3517'			Tubing Depth 3432'		
Perforations 3517'-3589'						Depth Casing Shoe 3832'		
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/MCF	Gravity of Condensate
Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION DIVISION

APPROVED JAN 15 1981, 19BY Bryan P. DixonTITLE Petroleum Engineer

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 deviated 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 Form C-104 must be filed for each pool in multiple completed wells.

Bryan P. Dixon

(Signature)

Petroleum Engineer

December 21, 1981

(Title)

(Date)