

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.O.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROGRAM 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**

Operator: **Millard Deck**

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

Reasons for filing (Check proper box)      Other (Please explain)

New Well       Change in Transporter of:

Recompletion       Oil       Dry Gas

Change in Group       Casinghead Gas       Condensate

If change in ownership give name and address of previous owner: **Atlantic Richfield Co., P. O. Box 1610, Midland, Texas 79701**

**II. DESCRIPTION OF WELL AND LEASE**

Lease State <b>State "AK"</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Eumont Yates, 7R, Queen</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>E-6952</b>
Location				
Unit Letter <b>I</b>	<b>330</b>	Feet From The <b>East</b>	Line and <b>660</b>	Feet From The <b>North</b>
Section <b>3</b>	Township <b>21S</b>	Range <b>35E</b>	County <b>Lea</b>	

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas New Mexico Pipe Line Co.</b>	Address (Give address to which approved copy of this form is to be sent) <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"/> <b>Phillips Petroleum Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>4 th &amp; Washington, Odessa, Texas 797601</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>I</b>	Sec. <b>3</b>	Range <b>21S</b>	Block <b>35E</b>
	Is gas actually connected? <b>Yes</b>		When <b>Not Available</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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
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 (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.

Owner-Operator

(Signature)

(Title)

**OIL CONSERVATION COMMISSION**

APPROVED JUL 29 1972, 19\_\_\_\_  
BY Joe D. Ramey  
TITLE Dist. I, Supv.

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-

RECEIVED

JUL 1 1971

OIL CONSERVATION COMM.  
WASHINGTON, D.C.

RECEIVED

JUL 21 1971

OIL CONSERVATION COMM.  
WASHINGTON, D.C.