

DISTRIBUTION	
SANTA FE	
FILE	
D.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-102
Effective 1-1-65

Operator MILLARD DECK	
Address P. O. Box 1047, Eunice, New Mexico 88231	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change of Ownership effective November 1, 1979
Recompletion ☐	
Change in Ownership ☒	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

If change of ownership give name and address of previous owner **Warrior, Inc. P. O. Box 17479, Fort Worth, Texas 76102**

II. DESCRIPTION OF WELL AND LEASE

Lease Name ALEXANDER	Well No. 1	Pool Name, including Formation EUMONT	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter E ; 1980 Feet From The North Line and 660 Feet From The West Line of Section 7 Township 21S Range 37E , N.M.P.M., Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ General Petroleum Company, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 640, Hobbs, New Mexico 88240	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Getty Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1135, Eunice, New Mexico 88231	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 7
	Twp. 21S	Rge. 37E
	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'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, 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)

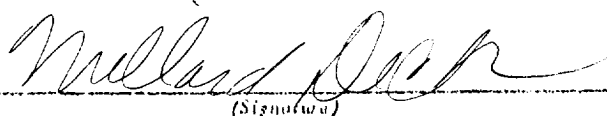
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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.



OWNER-OPERATOR

January 18, 1980

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 23 1980**, 19

BY **Orig. Signed by Jerry Sexton**

TITLE **Dist. 1, 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 logs taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely (see allowable on new and completed 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.