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	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

I.

Operator MILLARD DECK	
Address P. O. Box 1047, Eunice, New Mexico 88231	
Reason(s) for filing (Check proper box)	
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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lea "407" State	Well No. 6	Pool Name, including Formation Eumont Yates 7 Rivers Queen	Kind of Lease State, Federal or Fee State	Lease No. E-1673
Location				
Unit Letter D	990	Feet From The North	Line and 990	Feet From The West
Line of Section 2	Township 21 South	Range 35 East	, 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"/> Texas New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4th & Washington, Odessa, Texas	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? Yes	
	When 10-29-74	

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 10-17-74	Date Compl. Ready to Prod. 10-29-74		Total Depth 4000'		P.B.T.D. 4000'			
Elevations (DF, RKB, RT, GR, etc.,) 3573.9' GL	Name of Producing Formation Eumont Yates 7 Rivers Queen		Top Oil/Gas Pay 3374'		Tubing Depth 3980'			
Perforations 3374' ---- 3978'				Depth Casing Shoe 4000'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8 5/8"	24 #		345'		275 sacks - 19 sacks circulated			
9 1/2"	13.5 #		4000'		275 sacks			

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 10-29-74	Date of Test 10-31-74	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure -----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test	Oil - Bbls. 55	Water - Bbls. 0	Gas - MCF 84

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

January 15, 1975

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY *John J. Roney*

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.

INCLINATION REPORT

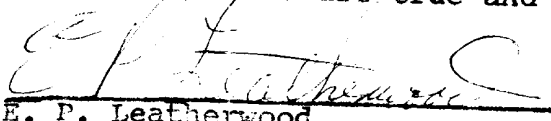
OPERATOR: Beck oil Company
Box 1047
Eunice, New Mexico 88231

LEASE NAME & NO: Lea "No 7" State Well #6

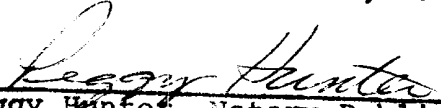
LOCATION: Lea County, New Mexico

<u>DEPTH (feet)</u>	<u>INCLINATION (degrees)</u>
345	1/2
898	3/4
1214	1/2
1548	1/4
2074	1/2
2524	2 1/4
3090	2 1/4
3153	2
3261	2
3530	1 1/2
3890	1 1/4
4000	1 1/2

I, E. P. Leatherwood, President of Leatherwood Drilling Company, being first duly sworn on oath state that I have knowledge of the facts and matter herein set forth and that the same are true and correct.


E. P. Leatherwood

SUBSCRIBED AND SWORN to before me this 1st day of November, 1974.


Peggy Hunter, Notary Public in &
for Winkler County, Texas