

P. O. BOX 2099

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator

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

Address

P. O. Box 2546, Fort Worth, Texas 76113

Reason(s) for filing (Check proper box)

New Well ☐

Change in Transporter of:

Recompletion ☐Oil ☐Dry Gas ☐Change in Ownership ☐Casinghead 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 STATE WELL "A" "A"	Well No. 1	Pool Name, Including Formation Eumont Yates Seven Rivers Queen	Kind of Lease State, Federal or Fee	State	Lease E-395
Location					
Unit Letter N : 2310 Feet From The West Line and 990 Feet From The South					
Line of Section 13 Township 21 S Range 35E, NMPM, Lea					

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)				
Shell Pipeline Company	P. O. Box 2099, Houston, Texas 77001				
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)				
GPM Gas Corporation Phillips Petroleum Company	Phillips Petroleum Building Bartlesville, Ok. 74002				
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 13	Twp. 21S	Rge. 35E	Is gas actually connected? When Yes 3-2-75

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Some Restv. Diff. R
Date Spudded 10-27-74	Date Compl. Ready to Prod. 11-16-74	Total Depth 4000'	P.B.T.D. 4000'				
Elevations (DF, RKB, RT, GR, etc.) 3599.4 GL	Name of Producing Formation Eumont Yates Seven Rivers	Top Oil/Gas Pay 3430'	Tubing Depth 3970"				
Perforations 3430' 3984'	Queen				Depth Casing Shoe 4000'		
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 available for this depth or be for full 24 hours)

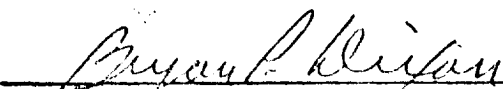
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, 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.



Bryan P. Dixon (Signature)

Petroleum Engineer

(Title)

December 1, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 15 1982, 19

BY Orig. Signed By Jerry Sexton

TITLE Dist. L. 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 deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 multi-completed wells.