NO. OF CUPIES HEC	EIVED	I	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	[
	GAS		
OPERATOR			
BRODATION OFFICE		T T	

NO. OF COPIES RECEIVED		_		
DISTRIBUTION		CONSERVATION COMMISS.	Form C-104	
SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11	
FILE		AND Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATU	RAL GAS	
LAND OFFICE				
TRANSPORTER OIL				
GAS				
OPERATOR				
I. PRORATION OFFICE				
Operator MILLARD DECK				
PILLARD DECK				
P. O. Box 1047	, Eunice, New Mexico 88	231		
Reason(s) for filing (Check proper	box)	Other (Please expla	in)	
New Well	Change in Transporter of:			
Recompletion	OII Dry G	Gas 🔲		
Change in Ownership	Casinghead Gas Cond	ensate		
If change of ownership give nam	e	1		
and address of previous owner _				
II. DESCRIPTION OF WELL AN	Well No. Pool Name, Including		of Lease No.	
State WE "E" - A	l Eumont Yates	7 Rivers Queen State,	Federal or Fee State E-395	
Location Unit Letter N ; 2	310 Feet From The West	ine and 990 Fee	t From The South	
Line of Section 13	Township 21 South Range	35 East NMPM,	Lea County	
Name of Authorized Transporter of	OIL AND NATURAL G	Ab Address (Give address to whic	h approved copy of this form is to be sent)	
Shell Pipe Line Compa		P. O. Box 1910. Mi	idiand, Texas 79701	
Name of Authorized Transporter of		Address (Give address to whic	h approved copy of this form is to be sent)	
Phillips Petroleum Co	mpany	4th & Washington, Is gas actually connected?	Odessa, Texas	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually connected?	when	
If this production is commingled IV. COMPLETION DATA	with that from any other lease or pool			
Designate Type of Comple	etion - (X) Oll Well Gas Well	New Well Workover Dee	epen Plug Back Same Restv. Diff. Restv.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
10-27-74	11-16-74	4000 °	4000°	
Elevations (DF, RKB, RT, GR, etc	.; Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
3599.4 GL	Eumont Yates 7 Rivers	3430	3970 Depth Casing Shoe	
Perforations 3984*			4000 °	
	TURING CASING AN	ID CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
8 5/8"	24#	325*		
			200 sacks-19 sacks Circulate	
4 1/2"	10.5#	4000*	275 sacks	
		1,000	Z7 Jucks	
V. TEST DATA AND REQUEST	FOR ALLOWARIE (Test must be	after recovery of total volume of l	oad oil and must be equal to or exceed top allow-	
OIL WELL	able for this a	lepth or be for full 24 hours)	sil and mass or equal to an encess top silons	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump	, gas lift, etc.)	
11-18-74	11-19-74	Pump		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 hour		****		
Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF	
	30	0	289	
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	
resting Marinda (hinor) once her)	· · · · · · · · · · · · · · · · · · ·			
UL CERTIFICATE OF COURT	INCE	OIL CONS	ERVATION COMMISSION	
VI. CERTIFICATE OF COMPLIA	MCE	OIL CONS	All 1100 COMMISSION	
	d annulations of the OH On the ord	APPROVED	7 19, 19	
Commission have been complis-	nd regulations of the Oil Conservation d with and that the information given			
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY		
		TITLE		
	_	-		
Mail	0.01		led in compliance with RULE 1104.	
Millard	NUR	If this is a request for	or allowable for a newly drilled or deepened	
(5	ignature)	well, this form must be at	ecompanied by a tabulation of the deviation accordance with RULE 111.	
Owner-Operator		In rests fewer on rue Mary D		

Milard Dock
 (Signature) Owner-Operator
 January 15 19(Title)

(Date)

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.

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GIL CONSERVATION COMM.

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C.L CONSERVATION COMM. HOBBS, N. IA.