

P. O. BOX 2080

SANTA FE, NEW MEXICO 87501

DE. OF EXPED. DELIVERY	
DISTRIBUTION	
SANTAFE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL OAS
OPERATOR	
PROBATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

E.

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

011

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 WE "E" <i>State NEE "A"</i>	Well No. 2	Pool Name, Including Formation Eumont Yates Seven Rivers Queen	Kind of Lease State, Federal or Fee State	Lease E-395
Location				
Unit Letter <u>L</u> : <u>2310'</u> Feet From The <u>South</u> Line and <u>990'</u> Feet From The <u>West</u>				
Line of Section <u>13</u> Township <u>21 S</u> Range <u>35E</u> , 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 Caspianhead 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 EFFECTIVE: February 1, 1992 Phillips Petroleum Company					Petroleum Building Bartlesville, Ok. 74002	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	13	21S	35E	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	Same Res'v.	Diff. Res.
Date Spudded 1-25-75	Date Compl. Ready to Prod. 2-25-75		Total Depth 4000'			P.B.T.D. 4000'			
Elevations (DF, RKB, RT, GR, etc.) 3576.3 GL	Name of Producing Formation Eumont Yates 7 RiversQueen		Top Oil/Gas Pay 3001'			Tubing Depth 3950'			
Perforations 3001' - 4000'						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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (<i>Flow, pump, gas lift, etc.</i>)	
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 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

Petroleum Engineer

December 21, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19

BY _____ **Orig. Signed by**
_____ **Larry Sexton**

Dist. 1. Sup^o

TITLE _____

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviatoric 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.