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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

## REQUEST FOR ALLOWABLE

AND

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <b>Millard Deck</b>	
Address <b>P.O. Box 1047, Eunice, New Mexico 88231</b>	
Reason(s) for filing (Check proper box) Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter oil <input type="checkbox"/>
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 <b>State WE "BB"</b>	Well No. Pool Name, including Formation <b>2 Eumont Yates 7 River Queen</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>E392</b>
Location Unit Letter <b>E</b> <b>2310</b> Feet From The <b>North</b> Line and <b>990</b> Feet From The <b>West</b> Line of Section <b>13</b> Township <b>21S</b> Range <b>35E</b> NMPM, <b>Lea</b> 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"/>	Address Give address to which approved copy of this form is to be sent)	
<b>Shell Pipeline Company</b>	<b>P.O. Box 1910, Midland, Texas 79701</b>	
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)	
<b>Phillips Petroleum Company</b>	<b>4th and Washington, Odessa, Texas</b>	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Rge. 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)	<input checked="" type="checkbox"/> Old 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.		
Date Spudded <b>8-13-75</b>	Date Compl. Ready to Prod. <b>8-25-75</b>	Total Depth <b>4000'</b>	P.B.T.D. <b>3997'</b>
Elevations (DF, RKB, RT, GR, etc.) <b>3567.6' GL</b>	Name of Producing Formation <b>Seven Rivers</b>	Test Well Gas Pay <b>3474'</b>	Tubing Depth <b>3900'</b>
Perforations <b>3474'-3968'</b>			Depth Casing Shoe <b>4000'</b>
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>11"</b>	<b>8 5/8" 355 24</b>	<b>320'</b>	<b>150 sxs Class C Cemen</b>
<b>7 7/8"</b>	<b>5 1/2" 14</b>	<b>3997'</b>	<b>circulated to pit</b>
			<b>350 sxs HLC with</b>
<b>Flocele 200 sxs 50/50 Poz</b>			

## 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 <b>8-25-75</b>	Date of Test <b>8-26-75</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>-----</b>	Casing Pressure <b>-----</b>	Choke Size <b>-----</b>
Actual Prod. During Test	Oil - Bbls. <b>94</b>	Water - Bbls. <b>0</b>	Gas - MCF <b>106</b>

## 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

September 15, 1975

(Date)

## OIL CONSERVATION COMMISSION

APPROVED

OCT 2 1975

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BY

**John W. Runyan**  
Geologist

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