

## OIL CONSERVATION DIVISION

P. O. BOX 2083

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 Annie L. Christmas	Well No. 3	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee	Fee	Lease
Location					
Unit Letter <u>B</u> : <u>330</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u>					
Line of Section <u>28</u> Township <u>22S</u> Range <u>37 E</u> , 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"/> Compton Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3355, Abilene, Texas 79604				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 3000, Oil Center Bldg. Tulsa, Ok. 74102				
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 28	Twp. 22S	Rge. 37E	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)		Oil Well X	Gas Well	New Well	Workover	Deepen X	Plug Back	Same Res'v.	Diff. Res.
Date Spudded 5-12-57	Date Compl. Ready to Prod. 6-28-57	Total Depth 6797'		P.B.T.D. 6754'					
Elevations (DF, RKB, RT, GR, etc.) 3343'	Name of Producing Formation ABO		Top Oil/Gas Pay 6636'		Tubing Depth 6547'				
Perforations 6443'-6497' 6527'-6549'					Depth Casing Shoe				
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 (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 (pilot, 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  
Bryan P. Dixon (Signature)  
Petroleum Engineer  
(Title)

December 21, 1981

(Date)

## OIL CONSERVATION DIVISION

APPROVED JAN 15 1982, 19BY Jerry Sexton  
Dist 1, Supv

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper 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 own well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.