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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Nov 1 7 44 AM '65

I. Operator: **Millard Deck**
Address: **P. O. Box 109, Eunice, New Mexico**
Reason(s) for filing (Check proper box):
New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
R. E. Cole "A"	1	Penrose Skelly (Grayburg)	State, Federal or Fee State
Location: Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West Line of Section 16 , Township 22S Range 37E , 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"/>	Address (Give address to which approved copy of this form is to be sent)
Shell Pipe Line Company	P. O. Box 1165, Eunice, New Mexico
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)
Warren Petroleum Corporation	P. O. Box 1107, Eunice, New Mexico
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	K 16 22S 37E No As soon as pipe line connection is made.

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X	X							
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
9/30/65	10/14/65	3935'	3904'					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Penrose Skelly	Grayburg	3600'	3825'					
Perforations	Depth Casing Shoe							
37518-58', 3762'-58', 3775'-80', 3790'-3804'	3904'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
10 3/4"	8 5/8"	330'	150					
7 7/8"	5 1/2"	3935'	200					
	2 3/8"	3825'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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.)	
10/19/65	10/20/65	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	42.5	42.5	180.6

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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) **Millard Deck**
Owner
(Title)
10/20/65
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____

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 Sections I, II, III, and VI only 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.

28 MAR 1952

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