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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

Operator Millard Deck	
Address P. O. Box 409, Eunice, New Mexico 88231	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Other (Please explain)
Recompletion <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Other <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	
If change of ownership give name and address of previous owner	

Lease Name Hugh		Well No. 9	Producing Formation Penrose-Skelly Grayburg	Kind of Lease State, Federal or Fee Fee
Location				
Unit Letter D	330	Feet From The North	330	Feet From The West
Line of Section 14	Township 22 S	Range 37 E	County Lea	

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Texas-New Mexico Pipe Line Company		P.O. Box 1510, Midland, Texas 79701		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquid, give location of tanks.		Unit D	Sec. 14	Twp. 22 S
		Rge. 37 E	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 1/5/68	Date Compl. Ready to Prod. 1/21/68	Total Depth 3920'		P.B.T.D. 3912'					
Pool	Name of Producing Formation Grayburg	Top Oil/Gas Pay		Tubing Depth					
Perforations 40 perforations located between 3610' - 3857'		Depth Casing Shoe 3920'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8" 24# J-55		316'		150 - circulated				
7 7/8"	5 1/2" 14# J-55		3920'		450				
	2 3/8"		3750'						

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 1/25/68	Date of Test 1/26/68	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 137 bbls.	Oil-Bbls. 67	Water-Bbls. 70	Gas-MCF 147.4

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

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
(Title)
1/26/68
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19
BY **Max J. King**
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.