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TRANSPORTER	OIL	
	GAS	
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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 38231	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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 _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name HUGH	Well No. 12	Pool Name, Including Formation Penrose-Skelly Grayburg	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter C	330	Feet From The North	Line and 1650	Feet From The West
Line of Section 14	Township 22S	Range 37E	, NMPM, Lea County	

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1197, Eunice, New Mexico 88231			
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 14	Twp. 22S	Rge. 37E
	Is gas actually connected? Yes		When May, 1968	

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

II. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1/5/69	Date Compl. Ready to Prod. 1/20/69	Total Depth 3915'		P.B.T.D. 3893'					
Elevations (DF, RKB, RT, GR, etc.) 3355' GR	Name of Producing Formation Grayburg	Top Oil/Gas Pay 3543'		Tubing Depth 3800'					
Perforations 3543' - 3876'				Depth Casing Shoe 3915'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 315'		SACKS CEMENT 150 sacks-circulated				
7-7/8"	5-1/2"		3915'		429 sacks				

III. 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 1/20/69	Date of Test 1/20/69	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 126.2	Oil-Bbls. 35.2	Water-Bbls. 91	Gas-MCF 112.6

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

IV. 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)
2/1/69
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY John A. Stoney
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 completed wells.