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

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

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-55

I. Operator  
MILLARD DECK

Address  
P.O. BOX 409, EUNICE, NEW MEXICO 88231

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)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name CLOWER STATE	Well No. 1	Pool Name, including Formation LANGLIE MATTIX-QUEEN	Kind of Lease State, Federal or Fee STATE	Lease No. B934-B
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Location  
Unit Letter I ; 2310 Feet From The SOUTH Line and 990 Feet From The EAST  
Line of Section 20 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"/> TEXAS-NEW MEXICO PIPE LINE CO.	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 type="checkbox"/> or Dry Gas <input type="checkbox"/> SKELLY OIL COMPANY	Address (Give address to which approved copy of this form is to be sent) BOX 1135 EUNICE, NEW MEXICO 88231

If well produces oil or liquids, give location of tanks.	Unit I	Sec. 20	Twp. 22S	Rge. 37E	Is gas actually connected? NO	When AS SOON AS POSSIBLE
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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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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Date Spudded 7/1/70	Date Compl. Ready to Prod. 7/14/70	Total Depth 3900'	P.B.T.D. 3893'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation QUEEN	Top Oil/Gas Pay 3491'	Tubing Depth 3630'
Perforations 3491'-3631'			Depth Casing Shoe 3900'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	8 5/8"	335'	225-CIRCULATED
7 7/8"	5 1/2"	3900'	400

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 7/14/70	Date of Test 7/19/70	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HOURS	Tubing Pressure ----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test 81	Oil-Bbls. 81	Water-Bbls. 0	Gas-MCF 526.5

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  
OWNER-OPERATOR  
7/27/70  
(Date)

OIL CONSERVATION COMMISSION

APPROVED  
BY Leslie A. Clements  
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 multi-

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JUL 2 1970

OIL CONSERVATION BOARD  
HOUSTON, TEXAS