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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
IRANSFORTER	GAS		
OPERATOR			
BRORATION OF			

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE			NE			OR ALLOWABLE	1551014		C-104 and C-110
FILE		REQUEST FOR ALLOWABLE AND						Effective 1-1-6	•
U.S.G.S.		AUT	HORIZ	ATION T	TO TRAN	ISPORT OIL AND N	NATURAL GA	NS	
LAND OFFICE									
TRANSPORTER OIL									
GAS									
OPERATOR									
PRORATION OFFICE Operator	<u> </u>	_							
MILLARD	DECK	_							
Address		@1 A 1 A A A	, k.,	LEUTA	n 9007	1			
P.O. BOX		EUNICE	, NEW	MEXIC	U 5545	Other (Please	e explain)		
Reason(s) for filing (Check p	roper box)	Chana	e in Tra	msporter of	: :		- *		
New Well Recompletion		Oil	,		Dry Gas				
Change in Ownership		-	ighead G	as 🔲	Conden	sate []			
If change of ownership giv and address of previous ov	e name vner								
II. DESCRIPTION OF WELL	L AND L	EASE Well	No. Poo	ol Name, In	cluding Fo	ormation	Kind of Lease		Lease No.
PATSY		2				- QUEEN	State, Federal	or Fee FEE	-1
Location						4000		FACT	
Unit Letter B	990	Fee	t From T	he_NORT	H Lin	e and 1980	Feet From T	The LASI	
		•			Range 37		M. LEA		County
Line of Section 20	Town	nship Z	25		tange 31	, 11111			
II. DESIGNATION OF TRA	ANSPORT	ER OF	OIL AN	ID NATU	RAL GA	s		and none of this form in	to be sent)
Name of Authorized Transp	orter of Oil		or Cond	ensate 🗌		P.O. BOX 1510	to which approx	ed copy of this form is TEXAS	to de sent)
TEXAS-NEW MEXIC	PIPE I	LINE	- <u>434</u>			Address (Give address	to which approx	ped copy of this form is	to be sent)
Name of Authorized Transp	orter of Cas:	inghead G	as 🚺	or Dry Go	ısj	Address (Give address			
WARREN PETROLEU		Unit	Sec.	Twp.	Rge.	Is gas actually connec	ted? Whe	en .	
If well produces oil or liqui give location of tanks.	ds,	B	20	225	37E	YES	 		
If this production is comm		h that for	m any o	ther lease	e or pool.	give commingling ord	er number:		
If this production is comm IV. COMPLETION DATA	ningied wit	ii that ire						TPlug Back Same Re	es'v. Diff. Res'v.
Designate Type of	Completio	n _ (Y)	Oil	Well	Gas Well	New Well Workover	 Deeben	1	
				dy to Prod.		Total Depth		P.B.T.D.	
Date Spudded		4/18		aj to Piod.	•	4,0001		3,800 '	
3/15/71 Elevations (DF, RKB, RT,	GR. etc.			ng Formatio	on	Top Oil/Gas Pay		Tubing Depth	
3375 GR	Jac, 0,000)	QUE				3,469 '		3,590 Depth Casing Shoe	
Perforations		<u> </u>						4,000 t	
3,469' - 3,58	37'			5 LL C C .	CINC AND	D CEMENTING PEC	ORD	<u> </u>	
	TUBING, CASING, A				DEDTH SET		SACKS CEMENT		
12 1/4"			/811 -		<u> </u>	3081	265 SACKS-CIRCULATE		KCULATED
12 1/4"								450 SACKS	
7 7/8"		5 1	/2" -	14.50	1	4,0001		CAUPE VCT	
						1	7 - 41 1 1	l and must be sound to a	or exceed top allow-
V. TEST DATA AND RE	QUEST F	OR ALI	LOWAB	LE (Tet	st must be e for this	after recovery of total v lepth or be for full 24 ho	ursj		
OIL WELL Date First New Oil Run T		Date of				Producing Method (F	low, pump, gas l	lift, etc.)	
4/18/71		i	8/71			PUMP		Chake Sies	
Length of Test		Tubing Pressure			Casing Pressure		Choke Size		
24 HOURS						Water-Bbls.		Gas-MCF	
Actual Prod. During Test		Oil-Bb				105		369	
187			82			407			
G 4 G ******* T									
GAS WELL Actual Prod. Test-MCF/	D D	Length	of Test			Bbls. Condensate/M	MCF	Gravity of Condens	aı●
						Ozeline Berner	hut-in i	Choke Size	
Testing Method (pitot, bo	ick pr.)	Tubing	Pressur	e (shut-i	n J	Casing Pressure (S	/		
							CONSERV	ATION COMMISS	ION
VI. CERTIFICATE OF C	OMPLIA	NCE					APR/2	6 19 71	
				he Oil C	ng prophi	APPROVED_	HPTY		, 19
I hereby certify that th Commission have been	e rules and complied	regulati with an	ons of t d_that_t	he inform	ation give	on V		Tanda	
Commission have been above is true and con	plete to ti	he best	of my k	nowledge	and belie	f. BY			
						TITLE	PERVISCIN	DISTRICT .	
						This form i	s to be filed i	n compliance with R	ULE 1104.
mill	OWNER - OPERATOR				If this is a	If this is a request for allowable for a newly drilled or despendent well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation			
	(Si	gnature)							
OWNER - (PERATOR	K				— All section	s of this form	must be filled out co	mpletery for allow

(Title)

(Date)

4/21/71

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.

RECEIVED

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ONL CONSERVATION COMM.