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U.S.G.S.		
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

I. Operator
MILLARD DECK

Address
P.O. BOX 1047, 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)
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name PATSY "B"	Well No. 1	Pool Name, Including Formation LANGLIE MATTIX	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter C ; 990 Feet From The NORTH Line and 1980 Feet From The WEST 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 COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1510, MIDLAND, TEXAS
Name of Authorized Transporter of Casinghead Gas <input 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
If well produces oil or liquids, give location of tanks. Unit B Sec. 20 Twp. 22S Rge. 37E	Is gas actually connected? YES When

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.
Date Spudded 6-24-71	Date Compl. Ready to Prod. 7-28-71	Total Depth 4412'	P.B.T.D. 3800'					
Elevations (DF, RKB, RT, GR, etc.) 3368' GR	Name of Producing Formation QUEEN	Top Oil/Gas Pay 3451'	Tubing Depth 3750'					
Perforations 3451' - 3757'	Depth Casing Shoe 4225'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"	24#	300'		250 SKS.-CIRCULATED			
7 7/8"	5 1/2"	15.50#	4225'		500 SACKS			

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 8-1-71	Date of Test 8-3-71	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HOURS	Tubing Pressure 150	Casing Pressure 225	Choke Size 32/64"
Actual Prod. During Test 165 BBLS	Oil-Bbls. 90	Water-Bbls. 75	Gas-MCF 289

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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
(Signature)

OWNER - OPERATOR
(Title)

OIL CONSERVATION COMMISSION
APPROVED AUG 11 1971

BY
TITLE SUPERVISOR DISTRICT I

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 or recompleted wells.

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AUG 11 1971

**OIL CONSERVATION COMM.
HOBBS, N. M.**