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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) Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNED BY _____, IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name Patsy "B"	Well No. 2	Pool Name, including Formation Queen-Gas	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter N ; 660 Feet From The South Line and 1980 Feet From The West Line Section 17 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp.	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 B	Sec. 20	Twp. 22S	Rge. 37E
Is gas actually connected? yes				

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	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-3-71	Date Compl. Ready to Prod. 1-19-72		Total Depth 4030'		P.B.T.D. 3800'			
Elevations (DF, RKB, RT, GR, etc.) 3370 GR - 3377' RKB	Name of Producing Formation Queen-Gas		Top Oil/Gas Pay 3480'		Tubing Depth 3780'			
Perforations 3480'-3778'					Depth Casing Shoe 4030'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" 24#		310'		150 sks-circulated			
7-7/8"	5 1/2" 17#		4030'		330 sks.			

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 1-20-72	Date of Test 1-25-72	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 112 bbls	Oil - Bbls. 42	Water - Bbls. 70	Gas - MCF 144.9

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.

OIL CONSERVATION COMMISSION
FEB 7 1972
APPROVED _____, 19____
BY **J. R. [Signature]**
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 on new and recompleted wells.

Owner-Operator

(Title)

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FEB 1 1972

OIL CONSERVATION COMM.
HOBBES, H. M.