

OIL CONSERVATION DIVISION
SANTA FE, NEW MEXICO 87501

REGISTRATION NUMBER	
DATE OF REGISTRATION	
NAME OF OPERATOR	
ADDRESS	
CITY	
STATE	
ZIP	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATION	
REGISTRATION OFFICE	
Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ZACHARY OIL OPERATING COMPANY

Address 1212 Commerce Building, Fort Worth Texas 76102

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Change of Operator from Millard Deck (deceased) effective November 1, 1981	
Recompletion <input type="checkbox"/>			
Change in Ownership <input type="checkbox"/>			

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
ELLY STATE	3	Langlie Mattix Seven Rivers Queen	State, Federal or Fee State	E 4168
Location				
Section	660	Feet From The S	Line and 660	Feet From The W
Range	23S	Range	37E	Sec

TRANSPORTATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Transporter of Oil or Condensate	Address (Give address to which copy of this form is to be sent)
El Paso Natural Gas	El Paso Natural Gas
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which copy of this form is to be sent)
El Paso Natural Gas	P O Box 1492 El Paso Texas 79978
Well produces oil or liquids, and amount of same.	Is gas actually connected?
Unit	Sec.
Twp.	Rge.

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

COMPLETION DATA

Designate type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Restr.	Inst. Restr.
Date of Completion	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Conditions (P.F., A.A.B., A.T., C.R., etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Restrictions					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH FEET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be done recovery of oil volume of test oil and must be equal to or exceed test allowable for this series or be for future tests)

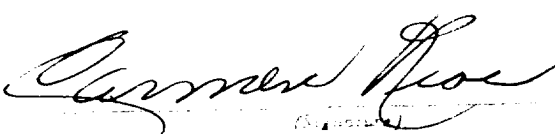
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Surface Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil Rate	Water-Blow	Gas-MCF

TEST WELL

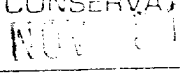
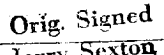
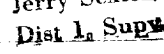
Length of Test	Surface Pressure	Blow. Condensate/MMCF	Gravity of Condensate
Water-Blow (pilot, back pt.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

STATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


Carmen Rose
Vice President - Secretary
(Title)
10-15-81

OIL CONSERVATION DIVISION

APPROVED  , 1981
BY 
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 O-104 must be filed for each pool in a multiphase well.

DISTRIBUTION			
SANTA FE			
FILE			
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 1-1-65

Operator Millard Deck	
Address P.O. Box 1047, Eunice, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change of ownership effective May 1, 1976
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Kelly State	Well No. 3	Pool Name, including Formation Langlie Mattix	Kind of Lease State, Federal or Fee State	Lease No. E-4958
Location South				
Unit Letter M	660	Feet From The	Line and 660	Feet From The WEST
16	23S	37E	Lea	County
Line of Section	Township	Range	NMPM,	

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 Pipeline	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 checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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.


(Signature)


Owner-Operator

May 20, 1976

(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19

BY 

TITLE

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Separate Forms C-104 must be filed for each pool in multiply

RECEIVED

NOV 27 1978

U.S. CONSERVATION SERVICE
BUREAU OF LAND MANAGEMENT