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U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
L - 4958	
7. Unit Agreement Name	
8. Farm or Lease Name	
Belly State	
9. Well No.	
2	
10. Field and Pool, or Wildcat	
Langlie Mattix	
12. County	
Lea	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator
	Millard Dec. Oil Company
3. Address of Operator	
	P. O. Box 1047, Lunice, New Mexico 88231
4. Location of Well	
UNIT LETTER L, 1980 FEET FROM THE South LINE AND 660 FEET FROM THE east LINE, SECTION 16 TOWNSHIP 23-S RANGE 37-S NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	
N.A.	

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. RUPU & Pull log.
2. Clean out to T.D. 3616'
3. Fracture treat zone from 3532-3609' w/20,000 gals. 20 gelled brine + 45,000 20/40 & 10,000 10/20 sand in three stages
4. Set P.D.P. - 3520'
5. Perforate w/JSOP 3446-54', 3472-74' & 3500-15'
6. Fracture treat the same as above
7. Pull P.D.P.
8. Put well producing

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u>Millard Dec. Oil Co.</u>	TITLE <u>OWNER</u>	DATE <u>February 14, 78</u>
APPROVED BY <u>John Langley</u>	TITLE <u>Geologist</u>	DATE <u>2/14/78</u>
CONDITIONS OF APPROVAL, IF ANY:		

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FEB 15 1978

OIL CONSERVATION COMM.
HOBBS, N. M.

DISTRIBUTION			
SANTA FE			
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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 <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

Change of ownership effective May 1, 1976

If change of ownership give name and address of previous owner **Resler and Sheldon, 100 Park Road, Box 2280, South Padre Island 78578**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Kelly State	Well No. 2	Pool Name, including Formation Langlie Mattix	Kind of Lease State, Federal or Free State	Lease No. E-4958
Location Unit Letter L ; 1980 Feet From The South Line and 660 Feet From The West				
Line of Section 16 Township 23S 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 Pipeline 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 checked="" type="checkbox"/> El Paso Natural Gas	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 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.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 lead 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

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
(Signature)

Owner-Operator
(Title)

May 20, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

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 C-104 must be filed for each pool in multiply

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