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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COM. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104 Superseding Old C-101 and C-110 Effective 1-1-65

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 ☐
EFFECTIVE NOVEMBER 1, 1979	
If change of ownership give name and address of previous owner Warrior, Inc., P. O. Box 17479, Fort Worth, Texas 76102	

I. DESCRIPTION OF WELL AND LEASE				
Lease Name SHELL STATE	Well No. 1	Pool Name, Including Formation LANGLIE-MATTIX QUEEN	Kind of Lease State, Federal or Fee State B	Lease No. 1167-12
Location Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West				
Line of Section 36 Township 24S Range 36E , NMPM, Lea County				

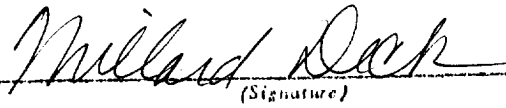
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas New Mexico Pipe Line Co.		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79701		
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ 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 79999		
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 36	Twp. 24S	Rge. 36E
Is gas actually connected?		When Yew		

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

III. 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		

IV. 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

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED JAN 23 1980 , 19	
 (Signature) OWNER-OPERATOR (Title) JANUARY 18, 1980 (Date)		Orig. Signed By Jerry Sexton Dist 1, Supv. 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 re-completed wells. Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.	