

| | |
|------------------------|------------|
| NO. OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| 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 409, Eunice, New Mexico 88231**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☒ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|---|--|-----------|
| Lease Name Shell State | Well No. 1 | Pool Name, including Formation Langlie Matfix-Queen | Kind of Lease State, Federal or Fee State | Lease No. |
| Location Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West | | | | |
| Line of Section 36 Township 24 S Range 36 E , 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"/> 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 79900 |
| If well produces oil or liquids, give location of tanks. Unit F Sec. 36 Twp. 24 S Rge. 36 E | Is gas actually connected? Yes When 10/4/68 |

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 <input checked="" type="checkbox"/> | Plug Back | Same Res'v. | Diff. Res'v. <input checked="" type="checkbox"/> |
| Date Spudded 9/5/68 | Date Compl. Ready to Prod. 9/16/68 | | Total Depth 3440' | | P.B.T.D. 3400' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3258' GR | Name of Producing Formation Queen | | Top Oil/Gas Pay 3275' | | Tubing Depth 3300' | | | |
| Perforations 3275', 3279', 3340' and 3345' | | | | | Depth Casing Shoe 3440' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE 12-1/4" 7-7/8" | CASING & TUBING SIZE 8-5/8" 24" Used 5-1/2" 15.5" Used 2-3/8" OD EUE | | DEPTH SET 333' 3440' 3300' | | SACKS CEMENT 335 sxs - circulated 455 sxs | | | |

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 8/5/69 | Date of Test 8/6/69 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 24 hours | Tubing Pressure 110" | Casing Pressure | Choke Size 30/64" |
| Actual Prod. During Test 83 bbls | Oil - Bbls. 21 bbls | Water - Bbls. 62 bbls | Gas - MCF 421 |

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

9/15/69
(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 18 1969**, 19

BY *J. C. Atney*
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.

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 completed wells.