

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	
Operator	

Millard Deck

Address

P. L. Box 1047, Eucnie, New Mexico

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☒Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Change lease name and well number.

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.
Possh	4	Langlie Mattix	State, Federal or Fee	B-1167
Location				
Unit Letter	B	660	Feet From The	North
			Line and	2310
			Feet From The	East
Line of Section	36	Township	24S	Range
			36E	NMPM,
				Lea
				County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing Co.	P. O. Drawer 175, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Co.	P. O. Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	36	24S	36E	Yes	April, 1980

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	Same Res't.	Diff. Res't.
	X				X			X
Date Spudded	Recomplete	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
4/2/81		4/9/81	3675'	3620'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3272' G5-3283' RKB	Queen	3522'	3675'					
Perforations			Depth Casing Shoe					
3522'-3600'	(11 holes)							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" - 24#	355'	250 sxs - circulated
7 7/8"	5 1/2" - 14#	3675'	750 sxs - circulated
	2 3/8" OD EUE	3500'	

TEST DATA AND REQUEST FOR ALLOWABLE (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)

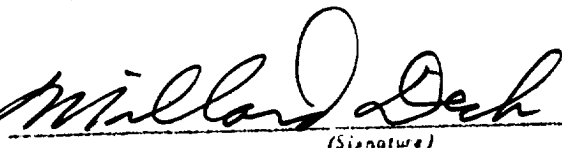
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
4/10/81	4/13/81	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	--	--	--
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
77 bbls	11 bbls	66 bbls	100

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

CERTIFICATE 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.



Owner - Operator

4/30/81

(Date)

(Date)

OIL CONSERVATION DIVISION

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 Form C-104 must be filed for each pool in multiple.