

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Millard Deck

Address

P. O. Box 1047, Eunice, New Mexico 88231

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

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.
Shell State	4	Langlie Mattix	State, Federal or Fee State	B-1167
Location				
Unit Letter	C	: 360	Feet From The North	Line and 1880
		Feet From The West		
Line of Section	36	Township	24 S	Range
		36 E	N.M.P.M.	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)					
Texas New Mexico Pipeline Company	Hobbs, NM					
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 Company	P. O. Box 1492, El Paso, TX					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	36	24 S	36 E	Yes	

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 Rest.	Full Res.
	X							
Date Spudded	Date Compl. ready to Prod.		Total Depth		P.B.T.D.			
4/16/80	5/17/80		4232'		3760'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3283.7' RKB	Queen		3544'		3520'			
Perforations					Depth Casing Shoe			
3544'-3619' (11 - 1/2" holes)					4227'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" - 24#	365'	300 sx - circ. 25 sx
7 7/8"	5 1/2" - 14#	4227'	1050 sx - circ. 100 sx
	2 7/8"	3520'	

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.)	
5/17/80	5/18/80	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	150	packer	21/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
170	20	150	300

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

M E Nelson
(Signature)

Engineer

(Title)

5/22/80

(Date)

OIL CONSERVATION DIVISION

APPROVED

MAY 29 1980

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BY

TITLE

SUPERVISOR DISTRICT

This form is to be filed in compliance with RULE 1.03.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 1.11.

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 conditions.

Separate Form C-104 must be filed for each pool in multiply recompleted wells.