

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 DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATION	
PROMOTION OFFICE	

Operator Millard Deck	
Address P. O. Box 1047, Eunice, NM 88231	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Possh	Well No. 2	Pool Name, including Formation Langlie Mattix-Queen	Kind of Lease State, Federal or Fee	State State	Lease B-1167
Location					
Unit Letter F	1650	Feet From The North	Line and 1650	Feet From The West	
Line of Section 36	Township 24 S	Range 36 E	N.M.P.M.	Lea	Co.

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing Co.	P. O. Drawer 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 B	Sec. 36	Twp. 24S	Rge. 36E	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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Reservoir <input type="checkbox"/>
Date Spudded 8/25/80	Date Compl. Ready to Prod. 10/15/80	Total Depth 3750'	P.B.T.D. 3693'				
Elevations (DF, RKB, RT, GR, etc.) 3268' GR, 3278' RKB	Name of Producing Formation Queen	Top Oil/Gas Pay 3553'	Tubing Depth 3641'				
Perforations 3553'-3627'						Depth Casing Shoe 3750'	
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
12 1/4"	8 5/8" - 23#	371'	300 sx - circulated				
7 7/8"	5 1/2" - 15.5#	3750'	1100 sx - circulated				
	2 3/8"	3641'					

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
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 10/6/80	Date of Test 10/21/80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure -	Casing Pressure 25#	Choke Size -
Actual Prod. During Test 23	Oil - Bbls. 3	Water - Bbls. 20	Gas - MCF 50

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

VI. 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. J. Nelson
(Signature)

Engineer

(Title)

11/17/80

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19__

BY James Sexton
TITLE SUPERVISOR DISTRICT I

This form is to be filed in compliance with RULE 1.04.

If this is a request for allowable for a newly drilled or deep
well, this form must be accompanied by a tabulation of the devi-
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of
well name or number, or transporter, or other such change of cond.

Separate Forms C-104 must be filed for each pool in mul-
compleated wells.