

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

JUL 13 1981

O. C. D.

ARTESIA, OFFICE

SANITARY	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/>
	GAS <input type="checkbox"/>
OPERATOR	
PRORATION OFFICE	

Operator Collier Energy, Inc.

Address P.O. Drawer R, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

New Well Change In Transporter of: Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change In Ownership

Other (Please explain)
CASINGHEAD GAS MUST NOT BE FLARED AFTER 9-8-81 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED
 EY # 2-551

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lease Name	State B-1111, Tr. 2	19	East Empire Yates 7-R	State, Federal or Fee	State B-1111

Location
 Unit Letter A : 990 Feet From The North Line and 330 Feet From The East
 Line of Section 22 Township 17S Range 28E, NMPM, Eddy Coun

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
 Navajo Crude Oil Purchasing Company Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 175, Artesia, New Mexico 88210
 Name of Authorized Transporter of Casinghead Gas or Dry Gas

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pgs.	Is gas actually connected?	When
	A	22	17	28	No	

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Designate Type of Completion - (X)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
1/30/81	7/8/81	915'		910'					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
3648 GL	Seven Rivers	889'		895'					
Perforations				Depth Casing Shoe					
889-899				910'					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8"	200'	70 SXS Class G 4% CaCl ₂
7 7/8"	4 1/2"	910'	300 SXS Class G 4% CaCl ₂ CMT Circ.
	2 3/8"	895'	

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 6 inches 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.)	
7/8/81	7/9/81	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	N/A	N/A	N/A
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
16	4	12	TSTM

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Donald R Cray
 (Signature)
 Agent
 (Title)
 7/10/81
 (Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 14 1981, 19
 BY W.A. Gresset
 SUPERVISOR, DISTRICT II

TITLE _____
 This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or de-well, this form must be accompanied by a tabulation of the data tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for all new and recompleted wells.
 Fill out only Sections I, II, III, and VI for change of well name or number, or transportation, or other such changes.
 Separate Forms C-104 must be filed for each recompleted well.