

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

RECEIVED

Operator David C. Collier		OCT 15 1976
Address P. O. Box 798, Artesia, NM 88210		
Reason(s) for filing (Check proper box)		O.C.C. ARTESIA, OFFICE
New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
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"/>
Request for Allowable		

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State T	Well No. 1	Pool Name, including Formation Turkey Track, Queen East	Kind of Lease State, Federal or Fee State	Lease No. E-1055
Location Unit Letter E, 1650 Feet From The North Line and 990 Feet From The West Line of Section 12 Township 19S Range 29E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Navajo Refining Co., Pipe Line Division	N. Freeman Ave., 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)	
If well produces oil or liquids, give location of tanks.		
Unit E	Sec. 12	Twp. 19S
Rge. 29E	Is gas actually connected? No	
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 type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input checked="" type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded AUG 27, 1976	Date Compl. Ready to Prod. Aug 27, 1976		Total Depth 2600			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) 3393	Name of Producing Formation QUEEN		Top Oil/Gas Pay 2520-28			Tubing Depth 2604		
Perforations Frac Thru 2 3/8 pker set 2480.88 - 500 gal. 15% HCL Acid 40,000 gal gelled wtr 12000#FLA 100MS 24000# 10.20 sand TP2900						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
	5 1/2		2585					
	2 3/8		2604					

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 Sept 9, 1976	Date of Test Sept 20, 1976	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 7	Oil-Bbls. 6	Water-Bbls. 1	Gas-MCF TSM

GAS WELL

Accepted in lieu of C-127

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.

Gerald A. Wilson  
(Signature)  
Agent  
(Title)  
October 15, 1976  
(Date)

OIL CONSERVATION COMMISSION

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 Forms C-104 must be filed for each pool in multiply completed wells.