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LAND OFFICE	
TRANSPORTER	OIL / GAS
OPERATOR	/
PRODUCTION 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-1
 Effective 1-1-65

TA

I. Operator Collier & Collier

Address P. O. Box 798 Artesia, NM 88210

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas

Recompletion Oil Condensate

Change in Ownership Casinghead Gas

If change of ownership give name and address of previous owner David C. Collier Box 798 Artesia, NM

II. DESCRIPTION OF WELL AND LEASE

Lease Name Keyes A Federal	Well No. 10	Pool Name, including Formation Red Lake SR	Kind of Lease Federal	Lease No. LC 028053A
Location				
Unit Letter E	2310	Feet From The North	Line and 330	Feet From The West
Line of Section 10	Township 17S	Range 28E	N.M.E.M. 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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1510 Midland, TX
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 Sec. Twp. Rge. Is gas actually connected? When
	E 10 17 28 No

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	Gas Well	New Well	Workover	Deepen	Plug Back	Stim. Rest.	Blf. Rest.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Brls.	Water-Brls.	Gas-MCF	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Brls. Condensate/MCF	Gravity of Condensate	
Testing Method (flow, back pr.)	Tubing Pressure (psig-in)	Casing Pressure (psig-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.

OIL CONSERVATION COMMISSION
 APPROVED OCT 13 1977 19
 BY W. A. Gressett
 TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

If data is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a calculation of the allowable (to be run on the well in accordance with RULE 111).

All sections of this form must be filled out completely for allowable to be considered complete and valid.

Fill out only sections I, II, III, and VI for changes of ownership, name of operator, or transporter or other such change of ownership.

(Signature)
 Agent 9-28-77
 (Date)