

NO. OF ENTRIES RECEIVED		
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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
Effective 1-1-65

RECEIVED

Operator Collier Energy Inc. ✓

Address P.O. Box 798 Artesia, NM 88210

JUN 24 1980

Reason(s) for filing (Check proper box)

New Well Change in Transporter of: Other (Please explain) O. C. D.

Recompletion Oil Dry Gas ARTESIA, OFFICE

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner Collier & Collier P.O. Box 798 Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State B-1969</u>	Well No. <u>7</u>	Pool Name, including Formation <u>Red Lake Q-G-SA</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-1969</u>
Location				
Unit Letter <u>J</u>	: <u>2225</u> <u>2970</u>	Feet From The <u>South</u> <u>North</u>	Line and <u>2970</u> <u>2311</u>	Feet From The <u>East</u> <u>West</u>
-Line of Section <u>22</u>	Township <u>17S</u>	Range <u>28E</u>	, NMPM, <u>Eddy</u>	County

III. 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)

TA

Name of Authorized Transporter of Casinghead Gas or Dry Gas 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.	Pge.	Is gas actually connected?	When
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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	Same Res'v.	Diff. Res.
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 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <u>2 1/2"</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <u>3-2-80</u>

GAS WELL

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

Arvo Siquentes

(Signature)
Agent

(Title)

July 1, 1980

(Date)

OIL CONSERVATION COMMISSION
JUL 1 1980

APPROVED _____, 19____
BY Mike Williams
TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells 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 condition.
Separate Forms C-104 must be filed for each pool in multirecompleted wells.