

REGISTRATION		
STATE FEES	<input checked="" type="checkbox"/>	
FILE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	<input checked="" type="checkbox"/>	
OPERATION	<input checked="" type="checkbox"/>	
REGISTRATION OFFICE		

SANTA FE, NEW MEXICO 87 1

MAY 23 1984
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Collier Energy, Inc.

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

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Change in Ownership <input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>	

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

DESCRIPTION OF WELL AND LEASE

Lease Name Kennedy A Federal	Well No. #1	Pool Name, including Formation Square Lake	Kind of Lease State, Federal or Fee Fed. LC-065561	Lease
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>34</u> Township <u>16S</u> Range <u>31e</u> NMPM, <u>Eddy</u> Co.				

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)
KOCH OIL COMPANY	P. O. Box 1558, Breckenridge, Texas 76024
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Co.	#4 Home Drilling, a firm, Bartlesville, OK 74004
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When?
Unit: <u>B</u> Sec: <u>34</u> Twp: <u>16</u> Rge: <u>31</u>	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. F. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, CR, 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

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 10% of total volume of load oil 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.)	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, back pt.)	Tubing Pressure (Chart - 1a)	Casing Pressure (Chart - 1a)	Choke Size

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.

Victoria Juel
(Signature)
Production Clerk
(Title)
May 10 1984

OIL CONSERVATION DIVISION

APPROVED MAY 24 1984

BY LARRY BROOKS
GEOLOGIST - NMOCD

TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devt tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for a well on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of c...