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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Superseding Old C-104 and C-1
Effective 1-1-65

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SEP 28 1977

Operator		Collier & Collier	O. C. C.
Address		ARTESIA, OFFICE	
P. O. Box 798		Artesia, NM	88210
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☒	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

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

Lease Name		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
State		3	Grayburg Jackson	State, Federal or Fee	E-537
Location					
Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East					
Line of Section 33 Township 17S Range 29E, NMPM, Eddy County					

Name of Authorized Transporter of Oil ☒ or Condensate ☐					Address (Give address to which approved copy of this form is to be sent)	
Navajo Crude Oil Purchasing Co.					North Freeman Ave. Artesia, NM	
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
	I	33	17	29	No	

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, R&B, 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		

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
Actual Prod. During Test	Oil-bbls.	Water-bbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MSCF	Gravity of Condensate
Testing Method (Flow, back pr.)	Tubing Pressure (psig-in)	Casing Pressure (psig-in)	Choke Size

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED: OCT 13 1977	
Agent: <u>[Signature]</u>		BY: <u>W. A. Gressett</u>	
9-28-77		TITLE: SUPERVISOR, DISTRICT II	
(Date)		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 flow and well tests taken on the well in accordance with RULE 111.	
		All sections of this form must be filled out completely for all applicable new and reworked wells.	
		Fill out only Sections I, II, III, and VI for changes of owner, or if named or operator, or transporter, or other such change of conditions.	