

RECEIVED

OCT 19 '87

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.B.	<input checked="" type="checkbox"/>
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

O. C. D. Form C-104  
Revised 10-01-78  
ARTESIA, OFFICE Formal 06-01-83  
Page 1REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Collier Petroleum Corporation</u>		
Address <u>P.O. Box 3531, Midland, Texas 79702</u>		
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> New Well	<input type="checkbox"/> Oil	<u>Change Operator from Barber Oil Inc. to Collier Petroleum Corp. effective 9-1-87</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Dry Gas	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner: Barber Oil Inc., 901 West Pierce, Carlisbad, NM

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Wills-Federal</u>	Well No. <u>38</u>	Pool Name, including Formation <u>Russell - Yates</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>LC050797</u>
Location Unit Letter <u>F</u> : <u>2630</u> Feet From The <u>North</u> Line and <u>1330</u> Feet From The <u>West</u> Line of Section <u>13</u> Township <u>20S</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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 159, Artesia, NM 88210</u>	
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) <u>Post ID-3</u> <u>11-6-87</u> <u>chy of name</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>13</u>
	Twp. <u>20S</u>	Rge. <u>28E</u>
Is gas actually connected?		When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

## VI. 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 is true and complete to the best of my knowledge and belief.

Bonnie Attwater  
(Signature)  
Agent  
(Title)  
10-14-87  
(Date)

## OIL CONSERVATION DIVISION

APPROVED NOV 03 1987, 19\_\_\_\_\_  
BY Original Signed By  
Mike Williams  
TITLE Oil & 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 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.