

REGISTRATION NUMBER	
DISTRIBUTION	
DATE	
FILE	
USE	
LAND OFFICE	
TRANSPORTER	☒ OIL
OPERATION	☒ GAS
PRODUCTION OFFICE	
Operator	

RECEIVED BY
OCT 30 1986
O. C. D. REQUEST FOR ALLOWABLE
ARTESIA, OFFICE
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

Timothy D. Collier v
Address P. O. Box 798, Artesia, NM 88211-0798

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐	Coalinghead Gas ☐ Condensate ☐
Change in Ownership ☒	Effective as of October 1, 1986.

If change of ownership give name and address of previous owner Barber Oil, Inc., P. O. Box 1658, Carlsbad, NM 88220

DESCRIPTION OF WELL AND LEASE	
Lease Name Wills Federal	Well No. 44
Pool Name, including Formation Russell-Yates	
Kind of Lease State, Federal or Fee FED. LC-050797	
Location	
Unit Letter G	: 2635 Feet From The N Line and 2635 Feet From The E
Line of Section 13	Township 20S
Range 28E	NMPM, Eddy
County	

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)
Navajo CRUDE OIL	P.O. DRAWER 159, ARTESIA, NM 88210
Name of Authorized Transporter of Coalinghead 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. Rge. Is gas actually connected? When

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 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, 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
			Post #20-3
			11-14-86
			chgs op

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/MCF Gravity of Condensate
Testing Method (spiral, back prod.)	Tubing Pressure (shot-in) Casing Pressure (shot-in) Choke Size

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
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.	NOV 10 1986
Operator	APPROVED _____, 19____
Signature	Original Signed By
	Les A. Clements
	SUPVISOR DISTRICT II
	This form is to be filed in accordance with RULE 1104.
	If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a calculation of the deviation test taken on the well in accordance with RULE 1101.
	All sections of this form must be filled out completely for all wells, whether or not they are being produced.
	For further information, see Rules 1101, 1102, 1103, 1104, 1105, 1106, 1107, 1108, 1109, 1110, 1111, 1112, 1113, 1114, 1115, 1116, 1117, 1118, 1119, 1120, 1121, 1122, 1123, 1124, 1125, 1126, 1127, 1128, 1129, 1130, 1131, 1132, 1133, 1134, 1135, 1136, 1137, 1138, 1139, 1140, 1141, 1142, 1143, 1144, 1145, 1146, 1147, 1148, 1149, 1150, 1151, 1152, 1153, 1154, 1155, 1156, 1157, 1158, 1159, 1160, 1161, 1162, 1163, 1164, 1165, 1166, 1167, 1168, 1169, 1170, 1171, 1172, 1173, 1174, 1175, 1176, 1177, 1178, 1179, 1180, 1181, 1182, 1183, 1184, 1185, 1186, 1187, 1188, 1189, 1190, 1191, 1192, 1193, 1194, 1195, 1196, 1197, 1198, 1199, 1200.