

NO. OF COPIES RECEIVED		4
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		1
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 C-110
Effective 1-1-65

I. Operator
COLLIER & COLLIER ✓
Address
BOX 798, ARTESIA, NEW MEXICO 88210
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
8-1-78
Rule 306
IS COMINGLED
E.P. 7-783

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name CP STATE	Well No. 1	Pool Name, Including Formation E. CHISUM SA	Kind of Lease State, Federal or Fee STATE	Lease No. K-2114
Location Unit Letter 0 ; 990 Feet From The SOUTH Line and 2310 Feet From The EAST Line of Section 16 Township 11 Range 28 , NMFM, CHAVES 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"/> NAVAJO CRUDE OIL PURCHASING	Address (Give address to which approved copy of this form is to be sent) N. FREEMAN ARTESIA, NEW MEXICO 88210					
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)					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 16	Twp. 11	Pge. 28	Is gas actually connected? no	When

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod. 5/3/78		Total Depth 2251		P.B.T.D. 2249			
Elevations (DF, RKB, RT, GR, etc.) 3664 GL	Name of Producing Formation SAN ANDRES		Top Oil/Gas Pay 2176		Tubing Depth 2240			
Perforations 2176-2180, 2206-2210, 2232-2234					Depth Casing Shoe 2249			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8 5/8	20#		275'		125 sac			
4 1/2#	9.50#		2249		175 sac			
	2 3/8"		2240					

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 5/3/78	Date of Test 5/6/78	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 hrs	Tubing Pressure na	Casing Pressure -0-	Choke Size
Actual Prod. During Test 5	Oil - Bbls. 3	Water - Bbls. 2	Gas - MCF TST M

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.

Timothy D. Collier
(Signature)
PARTNER
(Title)
JUNE 6, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED W. A. Gressett, 1978
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

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.