

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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DISTRIBUTION	
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AND OFFICE	
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OPERATION	<input checked="" type="checkbox"/>
REGISTRATION OFFICE	

RECEIVED BY
JAN 16 1987
ARTESIA, OFFICE

P. O. BOX 2038

ARTESIA, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Signature: Delmar W. Berry

Address: P.O. Box 512 Alto, New Mexico 88312

Reason(s) for filing (Check proper box)

☐ New Well
☐ Recompletion
☒ Change in Ownership
Change in Transporter of:
☒ Oil
☐ Dry Gas
☐ Casinghead Gas
☐ Condensate

Other (Please explain)

Change of ownership give name and address of previous owner: Collier Energy, Inc.
John Schoonmaker 20 Gary Dr. Artesia n.m. 88310

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>CP State</u>	<u>1</u>	<u>E. Chisum SA</u>	<u>State, Federal or Fee STATE</u>	<u>K-2114</u>

Unit Letter 0 : 990 Feet From The South Line and 2310 Feet From The East

Line of Section 16 Township 11S Range 28E NMPM, Chaves County

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)
<u>NAVATO Refinery</u>	<u>P.O. Box 159 Artesia n.m.</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)

well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>0</u>	<u>16</u>	<u>11</u>	<u>28</u>		<u>1-23-87</u> <u>chg ap</u>

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.

CERTIFICATE OF COMPLIANCE

we 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 our knowledge and belief.

Signature: John Schoonmaker
(Signature)
Owner
Jan 9, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 22 1987, 19

BY Original Signed By
Leslie A. Clements
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 conditions.
Separate Forms C-104 must be filled for each pool in multiple completed wells.

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
ations (DF, KAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
orations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (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)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
in of Test	Tubing Pressure	Casing Pressure	Choke Size
Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

WELL

Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
ing Method (pilot, back pr.)	Tubing Pressure (Chrt-in)	Casing Pressure (Shut-in)	Choke Size