

DISTRIBUTION		4
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		1
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMM. ON  
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

RECEIVED

MAY 17 1976

I. Operator  
DAVID C. COLLIER  
Address  
BOX 798 ARTESIA, NEW MEXICO  
Reason(s) for filing (Check proper box)  
New Well ☒ Re-Entry Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
REQUEST FOR ALLOWABLE CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 7-1-76  
UNLESS AN EXCEPTION TO Rule 306  
IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name SUZANNE FEDERAL	Well No. 1	Pool Name, Including Formation DOUBLE L QUEEN ASSOC.	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM 16114
Location Unit Letter N ; 660 Feet From The South Line and 1980 Feet From The West Line of Section 3 Township 15S. Range 29 E. , NMPM, 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 CO.	Address (Give address to which approved copy of this form is to be sent) NORTH FREEMAN AVENUE					
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 N	Sec. 3	Twp. 15	Rge. 29	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded Sept. 11, 74	Date Compl. Ready to Prod. 10-29-74	Total Depth 2009	P.B.T.D. 1873					
Elevations (DF, RKB, RT, GR, etc.) 3882 DF	Name of Producing Formation Queen	Top Oil/Gas Pay 1825 / 836	Tubing Depth 1400					
Perforations 1836, 37, 38, 57, 59, 60, 61			Depth Casing Shoe 1956.40					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 8"	CASING & TUBING SIZE 4 1/2" 9.50#		DEPTH SET 1956.40		SACKS CEMENT 200 ex.			
10"	8 5/8"		260		150			
8"	4 1/2"		1956		200			

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 Feb 3, 1976	Date of Test May 10	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 16	Oil-Bbls. 3	Water-Bbls. 13	Gas-MCF 5.67

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.

David C. Collier  
(Signature)

May 15, 1976 (Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 18 1976  
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.