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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Form C-104
Supersedes Old C-101 and C-
Effective 1-1-65

SEP 28 1977

I. Operator **Collier & Collier** **C.C.C.**
ARTESIA, OFFICE

Address
P. O. Box 798 **Artesia, NM** **88210**

Reason(s) for filing (Check proper box) Other (Please explain)

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

If change of ownership give name and address of previous owner **David C. Collier** **Box 798** **Artesia, NM**

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Gulf Kepple	1	Logan Draw SA	State, Federal or Fee	Fee
Location				
Unit Letter	J	1980	Feet From The South Line and 2210	Feet From The East
Line of Section	19	Township	17S	Range 27E , NMFM, Eddy County

III. 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 Purchasing Co.	North Freeman Ave. Artesia, NM	
Name of Authorized Transporter of Casinghead 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.
	J	19
		17
		27
Is gas actually connected?	When	
No		

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	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, GR, 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			

V. 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)

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

*Posted 10-3
change 10-14-77*

GAS WELL	
Actual Prod. Test - MCF/D	Length of Test
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.

[Signature]
(Signature)

Agent
(Title)

9-28-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 13 1977**, 19

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 district completion on the well in accordance with RULE 111.

All entries of this form must be filled out completely for allowable computation except C-1 wells.

Fill out only Sections I, II, III, and VI for changes of name, well name or number, or transporter, or other such change of condition.