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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		
PRODUCTION OFFICE		

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

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

I.

Operator Collier & Collier		
Address P. O. Box 798 Artesia, NM 88210		
Reason(s) for filing (Check proper box)		
New Well ☐	Change in Transporter of Oil ☐	Other (Please explain)
Recompletion ☐	Oil ☐ Dry Gas ☐	
Change in Ownership ☒	Casinghead 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 Keyes A Federal	Well No. 1	Pool Name, including Formation Red Lake O-G-SA	Kind of Lease Federal	Lease No. LC 028053A
Location Unit Letter N ; 660 Feet From The South Line and 1980 Feet From The West Line of Section 10 Township 17S Range 28E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) 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 N	Soc. 10
	Twp. 17	Rge. 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest.	Unit. Rest.
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				
	10"	192			Set				
	8 5/8	535			Mud } From USGS				
	6 5/8	1345			Mud } 9/6/78 MW				

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	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 (flow, back pr.)	Tubing Pressure (lb./sq. in.)	Casing Pressure (lb./sq. 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)

Agent

(Title)

9-28-77

(Date)

OIL CONSERVATION COMMISSION

APPROVED

OCT 1 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 monthly tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable to be computed except Section VI.

Fill out only Sections I, II, III, and VI for change of owner or if name of land or transporter or other such change of conditions.