

NO. OF COPIES RECEIVED		4
DISTRIBUTION		
SANTA FE		/
FILE		/
U.S.G.S.		/
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
Superseding Old C-101 and C-11
Effective 1-1-65

Operator Collier & Collier ✓	
Address P. O. Box 798 Artesia, NM 88210	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☒	Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner **J & H Prod. Co.**

DESCRIPTION OF WELL AND LEASE

Lease Name State P-12	Well No. 1	Pool Name, including Formation Red Lake Q-G, East	Kind of Lease State, Lease E-3711
Location			
Unit Letter C	660	Feet From The North Line and 1980	Feet From The West
Line of Section 12	Township 17S	Range 28E	NMPL, Eddy County

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 C	Sec. 12
	Twp. 17	Rge. 28
	Is gas actually connected? No	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Stim. Res'n.	Partial Re'n.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.D.T.D.			
Elevations (DE, RAB, 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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of liquid 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 (Pole, 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	LEL, Condensate-MCF	Gravity of Condensate
Testing Method (Pole, Suck, etc.)	Tubing Pressure (at test-in)	Casing Pressure (at test-in)	Choke Size

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.

Agent

9-28-77

OIL CONSERVATION COMMISSION

OCT 13 1977

APPROVED: **W. A. Gressett**
BY: **SUPERVISOR, DISTRICT II**

This form is to be filed in compliance with RULE 1104.
If data is to be used for allowable for a newly drilled or deepened well, this form must be accompanied by a certification of the validity of the test on the well in accordance with RULE 111.
All copies of this form must be filed and kept on file for at least one year after completion of the test.
Fill out only sections I, II, III, and IV for changes of ownership, name of landowner, or transporter, or other such change of conditions.

