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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)		Other (Please explain)
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.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name State P-12	Well No. 2	Pool Name, including Formation Red Lake Q-G, East	Kind of Lease State	Lease No. B-3711
Location Unit Letter B ; 660 Feet From The North Line and 1980 Feet From The East Line of Section 12 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 C	Sec. 12
	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	Some Rest'g	Full Rest'g
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		Turning 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 OIL WELL (Test must be after recovery of total volume of lost oil and must be equal to or exceed top allowable for this depth as for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (If flow, pump, gas lift, etc.)	
Length of Test	Testing 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
Testing Method (If dot, back pr.)	Testing Pressure (1400-1500)
	Grav. Condensate, MMCF
	Grav. of Condensate
	Casing Pressure (1400-1500)
	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.

Agent

928-77

OIL CONSERVATION COMMISSION

OCT 13 1977

APPROVED

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 calculation of the volume of gas in place in the well in accordance with RULE 1104.

All wells of this type must be filled out carefully for all the information required by the rules.

Fill out only District I, II, III, and VI or change of one or more names or number, or transportation, or other such change of conditions.

