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

Form C-104
Supersedes Old C-104 and C-1
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 Oil ☐
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 Atlantic A State	Well No. 2	Pool Name, Including Formation Red Lake Q-G, East	Kind of Lease State, Lease E-9359
Location Unit Letter F ; 1980 Feet From The North Line and 1900 Feet From The West Line of Section 12 Township 17S Range 28E NMPL 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 E	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	Same Res't	Full Res't
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, 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		TACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of trial 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 Formation (If new, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Actual Rate	Water-Cut	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Initial Condensate G.P.	Quantity of Condensate
Testing Method (piston, back prod)	Testing Pressure (1100-150)	Casing Pressure (1100-150)	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

9-28-77

OIL CONSERVATION COMMISSION

OCT 13 1977

APPROVED _____, 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, the form must be accompanied by a calculation of the maximum allowable for the well in accordance with RULE 1104.

All copies of this form must be filed separately for all wells in a lease or pool or for each well in a lease or pool.

This form only contains I, II, III, and IV for change of operator, well name or number, or test position, or other such change of condition.

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