

NO. OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
DISTRIBUTION		REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
SANTA FE					
FILE					
U.S.G.S.					
LAND OFFICE					
TRANSPORTER		OIL <input type="checkbox"/> GAS <input type="checkbox"/>			
OPERATOR					
PRORATION OFFICE					
Operator		Collier Energy Inc. ✓			
Address		P.O. Box 798 Artesia, NM 88210			
Reason(s) for filing (Check proper box)		Other (Please explain)			
New Well <input type="checkbox"/>		Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>			
Recompletion <input type="checkbox"/>		Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>			
Change in Ownership <input checked="" type="checkbox"/>					
If change of ownership give name and address of previous owner		Collier & Collier P.O. Box 798 Artesia, NM 88210			
I. DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Pool Name, Including Formation	
Phillips Balding State		4		Red Lake Q-G-SA	
Kind of Lease		State, Federal or Fee		State	
Lease No.		B-1969			
Location		Unit Letter K ; 2310 Feet From The South Line and 2310 Feet From The West			
Line of Section		Township		Range	
15		17S		28E	
County		Eddy			
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
Navajo Rfg. Co. Pipe Line Div.		North Freeman Ave. Artesia, NM 88210			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		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.	
K		15		17	
Twp.		Pge.		Is gas actually connected?	
28		NO		When	
If this production is commingled with that from any other lease or pool, give commingling order number:					
V. COMPLETION DATA					
Designate Type of Completion - (X)		Oil Well		Gas Well	
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay	
Perforations		Tubing Depth		Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
SACKS CEMENT					
VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL					
Date First New Oil Run To Tanks		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
Length of Test		Tubing Pressure		Casing Pressure	
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.	
GAS WELL		Length of Test		Bbls. Condensate/MMCF	
Actual Prod. Test-MCF/D		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	
Testing Method (pitot, back pr.)		Choke Size		Gravity of Condensate	
VII. 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) July 1, 1980 (Date)					
OIL CONSERVATION COMMISSION					
APPROVED JUL 1 1980					
BY Mike Williams					
TITLE OIL AND GAS INSPECTOR					
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 deviation tests taken on the well in accordance with RULE 111.					
All sections of this form must be filled out completely for allowable on new and recompleted wells.					
Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition					
Separate Forms C-104 must be filed for each pool in multiple completed wells.					