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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-105
Effective 1-1-65

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I. Operator Collier Energy Inc. ✓ JUN 24 1980

Address P.O. Box 798 Artesia, NM 88210

Reason(s) for filing (Check proper box) Other (Please explain) O. C. D. ARTESIA, OFFICE

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☒

If change of ownership give name and address of previous owner Collier & Collier P.O. Box 798 Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>State B-1969</u>	<u>#1</u>	<u>Red Lake Q-G-SA</u>	<u>State, Federal or Fee State</u>	<u>B-1969</u>
Location				
<u>Unit Letter K</u> ; <u>2340</u> Feet From The <u>South</u> Line and <u>1620</u> Feet From The <u>West</u>				
<u>Line of Section 22</u> Township <u>17S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>Navajo Crude Oil Purchasing Co</u>	<u>N. Freeman Artesia, NM 88210</u>	
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.
	<u>F</u>	<u>22</u>
	Twp.	Pge.
	<u>17</u>	<u>28</u>
	Is gas actually connected?	When
	<u>NO</u>	

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'v.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, 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

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 <u>20-30</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <u>2200</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-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.

Agent

(Signature)

Agent

(Title)

July 1, 1980

(Date)

OIL CONSERVATION COMMISSION

JUL 1 1980

APPROVED _____, 19____

BY M. 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 d well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes well name or number, or transporter, or other such change o

Separate Forms C-104 must be filled for each pool completed wells.