

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-110  
Effective 1-1-65

**RECEIVED**

**JUN 16 1976**

DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	/
LAND OFFICE	/
TRANSPORTER	OIL / GAS /
OPERATOR	/
PRORATION OFFICE	/

Operator DAVID C. COLLIER ✓		<b>O. C. C. ARTESIA, OFFICE</b>	
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:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner CIMA CAPITAN, INC. (N.S.L.) 211 N. Ervay, RM. 1413, DALLAS, TX 75201			

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name STATE B1111	Well No. 2	Pool Name, including Formation REDLAKE GRAYBURG ANDRES	Kind of Lease State, Federal or Fee STATE	Lease No. B-1111
Location Unit Letter F 2310 Feet From The NORTH Line and 1650 Feet From The WEST				
Line of Section 22 Township 17S Range 28E, NMPM, EDDY 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"/> NAVAJO REFINING COMPANY, PIPELINE DIV.	Address (Give address to which approved copy of this form is to be sent) N. FREEMAN AVE., ARTESIA, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	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 F	Sec. 22	Twp. 17S	Rge. 28E	Is gas actually connected? NO	When

If this production is commingled with that from any other lease or pool, give commingling order number: PC 198

**V. COMPLETION DATA**

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
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			Tubing Depth				
Perforations			Depth Casing Shoe						
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

**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.

*L. A. Wilson*  
(Signature)

Agent

(Title)

JUNE 3, 1976

(Date)

**OIL CONSERVATION COMMISSION**

APPROVED JUN 17 1976, 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, 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 multiply completed wells.

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