E- RECEIVE DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISS. Form C-104 SANTA FE Supersedes Old C-104 and C-110 Effective 1-1-65 REQUEST FOR ALLOWABLE FILE AND U.S.G.5. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL IRANSPORTER RECEIVED OPERATOR PRORATION OFFICE 1. JUN 1 6 1976 Operator DAVID C. COLLIER Address O. C. C. P. O. BOX 798, ARTESIA, NM 88210 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Oil Recompletion Dry Gas Change in Ownership X Casinghead Gas Condensate CIMA CAPITAN, INC. (N.S.L.) If change of ownership give name 211 N. ERVAY,RM 1413, DALLAS, TX 75201 and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Weil No. Poo: Name, including Formation Kind of Lease State, Federal or Fee STATE STATE B-1969 RED LAKE GRAYBURG SA Location 2970 Unit Letter_J Feet From The NORTH Line and 2970 Feet From The Line of Section 22 Township 17S Range 28E , NMPM, **EDDY** II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate NAVAJO REFINING COMPANY, PIPELINE DIVISION N. FREEMAN AVE. ARTESIA, NM 88210 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas Sec. When Twp. is gas actually connected? Unit If well produces oil or liquids, give location of tanks. 22 17S | 28E NO F If this production is commingled with that from any other lease or pool, give commingling order number: PC 198 IV. COMPLETION DATA Same Resty. Diff. Resty. New Well Workover Deepen Plug Back Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth P.B.T.D. Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbla. Actual Prod. During Test Oil - Bhis. **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D Longth of Test Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) OIL CONSERVATION COMMISSION 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

June 3, 1

1976

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County

B-1969

APPROVED 1 BY N. A.	7 1976 Gressett	
TITLE SUPERVISOR DISTRICT II		

This form is to be filed in compliance with MU

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 allow-able 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

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