

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Artesia, New Mexico Sept. 18, 1962
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

R. D. Collier F W Y State, Well No. 4, in NE $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)
C, Sec. 25, T. 17 S, R. 28 E, NMPM., Aid Pool
Unit Letter

Eddy County. Date Spudded 2-26-62 Date Drilling Completed 3-24-62

Please indicate location:

D	C	B	A
E	X	F	G
L	K	J	I
M	N	O	P

Elevation 3681 Total Depth 854 PBTD

Top Oil/Gas Pay 812' Name of Prod. Form. Seven Rivers

PRODUCING INTERVAL -

Perforations 812' - 816' 4 shots/foot

Open Hole _____ Depth _____ Casing Shoe 843' Depth _____ Tubing 805'

OIL WELL TEST -

Natural Prod. Test: 4 gal bbls. oil, _____ bbls water in 1 hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): 38 bbls. oil, _____ bbls water in 24 hrs, _____ min. Choke Size Pump

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 20,000# 20/40 Sand 20,000 Gal Oil

Casing _____ Tubing _____ Date first new _____
Press. 150 Press. _____ oil run to tanks 3-24-62

Oil Transporter Continental Pipe Line Co.

Gas Transporter _____

Remarks: on 5 mi unit with #1-C

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved SEP 21 1962, 19. R. D. Collier
(Company or Operator)

By: Marion J. ...
(Signature)

Title Production Clerk
Send Communications regarding well to:

Name R. D. Collier

Box 798

Address Artesia, New Mexico

OIL CONSERVATION COMMISSION

By: M. L. Armstrong
Title _____

OIL CONSERVATION COMMISSION		
ARTESIA DISTRICT OFFICE		
No. _____	Date _____	
Name of Lessee _____		
Address _____		
City _____		
State _____		
U. S. D. C.		
TRANSMISSION		
FILE		
BUREAU OF MINES		

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	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION	FORM C-110
SANTA FE, NEW MEXICO	(Rev. 7-60)
CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	RECEIVED MAR 26 1962

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator R. D. Collier				Lease FWY		O. C. C. Well No. ARTESIA, OFFICE 4	
Unit Letter C	Section 25	Township 17 South	Range 28 East	County Eddy			
Pool Aid (Y. SR)				Kind of Lease (State, Fed, Fee) State			

If well produces oil or condensate give location of tanks		Unit Letter E	Section 25	Township 17 South	Range 28 East
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Continental Pipe Line Company			Address (give address to which approved copy of this form is to be sent) Continental Pipe Line Company Artesia, New Mexico		

Is Gas Actually Connected? Yes _____ No ☒ _____

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>	Date Connected	Address (give address to which approved copy of this form is to be sent)
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If gas is not being sold, give reasons and also explain its present disposition:

Vented - No Connection

REASON(S) FOR FILING (please check proper box)

New Well ☒ Change in Ownership ☐
 Change in Transporter (check one) Other (explain below) _____
 Oil ☐ Dry Gas ☐
 Casing head gas ☐ Condensate ☐

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **26th** day of **March**, 19 **62**.

OIL CONSERVATION COMMISSION		By
Approved by M. L. Armstrong		Production Clerk
Title OIL AND GAS INSPECTOR		Company R. D. Collier
Date 3/26		Address P. O. Box 798 Artesia, New Mexico