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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-110
Effective 1-1-65

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MAY - 8 1980

Operator Collier & Collier		O. C. D.	
Address P. O. Box 798, Artesia, New Mexico 88210		ARTESIA, OFFICE	
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> re-entry Recompletion <input type="checkbox"/> Change In Ownership <input type="checkbox"/>		Other (Please explain)	
Change In Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>			

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gillespie State	Well No. 16	Pool Name, including Formation East Empire Yates SR	Kind of Lease State, Federal or Fee State	Lease No. B-2071
Location Unit Letter D ; 330 Feet From The North Line and 990 Feet From The West				
Line of Section 27 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 Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 175, Artesia, New Mexico 88210			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74004			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 27	Twp. 17S	Rge. 28E
Is gas actually connected? yes When 4/26/80				

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) X	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2/20/80	Date Compl. Ready to Prod. 4/26/80		Total Depth 1960'	Workover re-entry		P.B.T.D. 760'		
Elevations (DF, RKB, RT, GR, etc.) 3613 GL	Name of Producing Formation Seven Rivers		Top Oil/Gas Pay 722'	Tubing Depth 754'		Depth Casing Shoe 770' 821'		
Perforations 722 - 726, 732 - 734								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 6 1/4"	CASING & TUBING SIZE 4 1/2"		DEPTH SET 821'		SACKS CEMENT 275 sxs. Posted Book			
	2 3/8"		754'		ID 2-9-80			
					S-9-80			
					NCO/PP			

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 4/27/80	Date of Test 4/28/80	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hr.	Tubing Pressure N/A	Casing Pressure 15#	Choke Size N/A
Actual Prod. During Test 40	Oil-Bbls. 40	Water-Bbls. -0-	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Chasi S. D. Cook
(Signature)

Secretary
(Title)

4/30/80
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY - 9 1980**, 19

BY *W.A. Gessitt*

TITLE **SUPERVISOR, DISTRICT H**

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.