

## OIL CONSERVATION DIVISION

P. O. BOX 20111

SANTA FE, NEW MEXICO 87501

RECEIVED BY

MAY 23 1984

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR	
LAND OFFICE	
TRANSPORTER	
OPERATION	
PRODUCTION OFFICE	

Collier Energy, Inc.

P.O. Drawer R Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name  
and address of previous owner

Collier &amp; Collier

P.O. Box 798, Artesia, N.M. 88210

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Chase Featherstone	#1	Square Lake	State, Federal or Fee Fed.	NM-05186
Location				
Unit Letter	P	: 330 Feet From The South Line and 330 Feet From The East		
Line of Section	27	Township 16s	Range 31e	NMPM, Eddy

## 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)					
KOCH OIL COMPANY	P. O. Box 1558, Breckenridge, Texas 76024					
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.	Twp.	Rge.	Is gas actually connected?	When
	P	27	16	31	AD	

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Re.
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

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 of  
able 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 (pilot, back pr.)	Tubing Pressure (lb/in <sup>2</sup> )	Casing Pressure (lb/in <sup>2</sup> )	Choke Size

## CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation  
Division have been complied with and that the information given  
above is true and complete to the best of my knowledge and belief.

Production Clerk

May 10, 1984

## OIL CONSERVATION DIVISION

MAY 24 1984

APPROVED

BY ORIGINAL SIGNED  
BY LARRY BROOKS  
GEOLOGIST - NMOC

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep  
well, this form must be accompanied by a tabulation of the devi  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for al  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of ow  
well name or number, or transporter, or other such change of condit

Separate Forms C-104 must be filled for each pool in multi