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| LAND OFFICE | |
| TRANSPORTER | OIL GAS |
| OPERATOR | |
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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

(51)

RECEIVED

SEP 25 1975

Operator
David C. Collier

O. C. C.

Address
Box 790 Artesia, N.M. 88210

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: ☐ (Please explain)

Recompletion ☐ Oil ☐ Gas ☐

Change in Ownership ☒ Casinghead Gas ☐ Other ☐

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

Doyle Pennington Artesia, N.M. 88210

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------|---|---|---------------------|
| Lease Name Davis Federal | Well No. 22 | Pool Name, including High Lonesome Green | Kind of Lease State, Federal or Fee Fed. | Lease No. 068677 |
| Location Unit Letter E 2530 Feet From The N 1310 Feet From The | | | | |
| Line of Section 15 Township 16 S Range 29 E NMPM, Eddy County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|---|---|-----------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address to which approved copy of this form is to be sent | |
| Injection well | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | 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. Rce. |
| | | connected? When |

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

IV. COMPLETION DATA

| | | | | | | | |
|------------------------------------|-----------------------------|----------|-----------|--------------|--------------|------------|------------|
| Designate Type of Completion (X) | Oil Well | Gas Well | Recover | Deepen | Plug Back | Same Hest. | Off. Rest. |
| Date Spudded | Date Compl. Ready to Prod. | | | P.B.T.D. | | | |
| Elevations (DP, RKB, RT, GR, etc.) | Name of Producing Formation | | | Tubing Depth | | | |
| Perforations | | | | Depth Casing | | | |
| TUBING, CASING, AND RECORD | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after initial volume of load oil and must be sustained for 24 hours)

| | | | |
|---------------------------------|-----------------|-----------------------------|--|
| Date First New Oil Run To Tanks | Date of Test | Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Choke Size | |
| Actual Prod. During Test | Oil-Bbls. | Gas-MCF | |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Flow/MCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

I. 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.

OIL CONSERVATION COMMISSION

SEP 26 1975

SUPERVISOR, DISTRICT II

FORNERT

Sept. 25, 75

(Date)

This form is to be filed in compliance with RULE 11.1.
When a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation logs taken on the well in accordance with RULE 11.1.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
File only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

