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LAND OFFICE	
TRANSPORTER	GAS
OPERATOR	1
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE

Form C-104  
Supersedes Old 104 and C-110  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**SL**

**RECEIVED**

SEP 25 1975

**I. OPERATOR**  
Operator **David C. Collier**  
Address **Box 798, Artesia, N.M. 88210 O. C. C. ARTESIA, OFFICE**

Reason(s) for filing: (Check proper box)  
 New Well  Change in Transporter of: Oil  Gas   
 Reconveyance  Change in Ownership  (Please explain)

If change of ownership give name and address of previous owner: **Doyle Pennigton Artesia, N.M. 88210**

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Davis Federal</b>	Well No. <b>12</b>	Pool Name, Inc. <b>High Longitude Queen</b>	Kind of Lease State, Federal or Fee <b>Fed.</b>	<b>068677</b>
Location Unit Letter <b>D</b> <b>1310</b> Feet From The <b>N</b> <b>1310</b> Feet From The <b>W</b> Line of Section <b>15</b> Township <b>16 S</b> Range <b>29 E</b> <b>Eddy</b> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil  or Condensate  **injection well**  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas

If well produces oil or liquids give location of tanks:  Salt  Sec.  Twp.  Range   Connected?  When

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>	Recover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Stim. Treat. <input type="checkbox"/>	Art. Reary. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.				P.B.T.D.		
Elevations (D, RAB, RT, CR, etc.)	Name of Producing Formation				Tubing Dept.		
Perforations					Depth Casing Shoe		
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		BACKLOG DEPTH	

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (Test must be run for a minimum total volume of load oil and must be equal to or greater than allowable for this area for a period of 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, pump, gas lift, etc.	Gravity of Condensate
Testing Method (pitot, 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.

*Timothy P. Collier*  
(Signature)  
**partner**

**Sept 25, 75**  
(Date)

OIL CONSERVATION COMMISSION  
SEP 26 1975  
*W. A. Gressett*  
SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 111.1  
 A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation logs taken on the well in accordance with RULE 111.1.  
 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.

