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NO. OF COPIES RECEIVED		
DISTRIBUTION	NEW MEXICO OIL COM	NSERVATION COMMISSION
SANTA FE /		OR ALLOWABLE
ILE /	AUTHORIZATION TO TRAN	AND
AND OFFICE		
TRANSPORTER OIL /		11 1 14 1 15
GAS	4.13	3
PERATOR /	-	i - Mit
erator	_l	E
Collier & Co.	llier v	
P.O. Box 798	, Artesia, New Mexico 88	210
eason(s) for filing (Check proper bo		Other (Please expla
ew Well	Change in Transporter of:	
ecompletion	Oil Dry Gas Casinghead Gas Condens	ate
range in Ownership X	Cuamqueud Gus Condens	
change of ownership give name	Charles Powell, P.O. Bo	x 1073, Artesia, N
		,
ESCRIPTION OF WELL AND	Well No. Pool Name, Including For	mation Kind
Powco State	1 Empire Yates 7	State
ocation	.33	
Unit Letter B; -1	650 Feet From The North Line	and <u>1650</u> Fee
Line of Section 31 To	ownship 17 Range	28 , NMPM,
ESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GAS	Address (Give address to whi
ame of Authorized Transporter of O		Ar Charles And
ame of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to whi
f well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?
rive location of tanks.		rive comminating order num
this production is commingled v	with that from any other lease or pool, g	
Designate Type of Complet	cion - (X)	New Well Workover De
Oate Spudded	Date Compl. Ready to Prod.	Total Depth
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay
erform ton 6		
Perforations		
	TUBING, CASING, AND	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET
EST DATA AND REQUEST	FOR ALLOWABLE (Test must be af	ter recovery of total volume of pth or be for full 24 hours)
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pur
ength of Test	Tubing Pressure	Casing Pressure
	Otto-Bhie	Water - Bbls.
etual Prod. During Test	Oil-Bbls.	
		1
AS WELL		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF
The state of the s	Tubing Pressure / Chut-in )	Casing Pressure (Shut-in
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Orania Lianania famae-yu
EDTECATE OF COURT	NCF	OIL CON
ERTIFICATE OF COMPLIA	MOL	0.2 001
hereby certify that the rules ar	APPROVED	
	d with and that the information given the best of my knowledge and belief.	BY N.C
		TITLESUPER
	s to find	II.
		This form is to be If this is a request
		the form must be

## ERVATION COMMISSION ALLOWABLE ND

PORT OIL AND NATURAL GAS

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

P.O. Box 798,	Artesia, N	New Mexico 8	8210							
eason(s) for filing (Check proper box)	Other (Please explain)									
ew Well	Change in Transporter of:									
ecompletion X	Oil Dry Gas Casinghead Gas Condensate									
nange in Ownership X	Casinghead Gai	Conden		· · · · · · · · · · · · · · · · · · ·						
change of ownership give name i address of previous owner		vell, P.O. B	ox 1073,	Artesia	, NM 882	10				
ESCRIPTION OF WELL AND I	Well No. Pool	Name, Including Fo	ormation	K	(ind of Lease			Lease No.		
Powco State		_	State. Federal			B-11538-6				
		npire Yates								
Unit Letter B; -165	Feet From The	North Lin	e and <u>16</u>	50	Feet From T	he <u>East</u>	·· <del>·</del>			
Line of Section 31 Tow	mship 17	Range	28	, NMPM,		Eddy		County		
		NATEDAL CA	e							
ESIGNATION OF TRANSPORT	or Conden	Sate	Address (G	ive address to	which approv	ed copy of thi	s form is to be	sent)		
A Day of the Control	1/4/10/19	<u> </u>	A 1	territory of the		1 30 h		<u> </u>		
ame of Authorized Transporter of Cas	inghead Gas	or Dry Gas	Address (G	ive address to	which approv	ed copy of thi	s form is to be	sent)		
	Unit Sec.	Twp. Rge.	Is gas actu	ally connected	i? Whe	n				
well produces oil or liquids, ive location of tanks.	12 13					<del></del>				
this production is commingled wit	h that from any oth	her lease or pool,	give commi	ngling order	number:					
OMPLETION DATA  Designate Type of Completion	Oil We	ell Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.		
Designate Type of Completion	Date Compl. Ready	to Prod.	Total Dept	h	<u> </u>	P.B.T.D.	<u> </u>			
Oate Spudded	Date Compilerious,									
levations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	Top Oil/Go	as Pay		Tubing Dept	h			
erforations						Depth Casing Shoe				
	·	NG, CASING, AND	DCEMENT	DEPTH SE		SA	CKS CEMEN	ıT		
HOLE SIZE	CASING &	OBING SIZE		02111102	<u>·                                      </u>					
	<del> </del>									
						<u> </u>				
			<u> </u>			<u> </u>	•	1 11		
EST DATA AND REQUEST F	OR ALLOWABLI	E (Test must be a able for this d	ifter recovery epth or be for	of total volum full 24 hours,	ne of load oil: )	and must be e	qual to or exc	eea top attow-		
Date First New Oil Run To Tanks	Date of Test	<del></del>		Method (Flow,		ft, etc.)				
							Choke Size			
Length of Test	Tubing Pressure		Casing Pressure			Code dize				
Actual Prod. During Test	Oil-Bble.	Oil-Bbls.		Water - Bbls.			Gas-MCF			
								<u> </u>		
GAS WELL				•						
Actual Prod. Test-MCF/D	Length of Test		Bbls. Con	densate/MMCF	-	Gravity of	Condensate	ວ໌. ່		
Testing Method (pitot, back pr.)	Tubing Pressure (	Shut-in)	Casing Pr	essure (Shut-	-in)	Choke Size				
			<u> </u>	····-						
CERTIFICATE OF COMPLIAN	CE			OIL C	OCT 18	TION COI	MMISSION			
المساور مساور عليم عليم مساور المساور	regulations of the	Oil Conservation	APPRO	VED	UUIIC	A	, 11	)		
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.		l li	By W. a. Gressett							
move to time and complete to th	July vi mj.mivi	. 💂 💆	TITLE	SUP	ERTISOR,	DISTRICT	п			
	٠		11	is form is to	he filed in	compliance	with RULE	1104.		
7	•				for allo	wahle for a r	ewly drilled	or deepened		
(Signature)			well, the	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.						
Agent (Title)			All sections of this form must be filled out completely for allowable on new and recompleted wells.							
10-17-77				This out only sections I II III and VI for changes of owner,						
(Date)			well no	well name or number, or transporter, or other such change of condition.  Separate Forms C-104 must be filed for each pool in multiply						
				ted wells.						