

THORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

MAY 17 1976

LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator
J.B. Adamson

Address
Rt. 1, Box 202-J, Artesia, New Mexico

Reason(s) for filing (Check proper box)
 New Well ☒ ☐ Change in Transporter of:
 Recompletion ☐ Oil ☐ Dry Gas ☐
 Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Collier State	Well No. 4	Pool Name, including Formation E. Empire Yates S.R.	Kind of Lease State, Federal or Fee State	Lease No. B-11593
Location Unit Letter <u>L</u> ; <u>2310</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>17S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co. Pipe Line Div.	Address (Give address to which approved copy of this form is to be sent) N. Freeman Ave. Artesia, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input 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) Odessa, Texas 79760	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 27
	Twp. 17S	Rge. 28E
	Is gas actually connected? Yes	
	When <u>5-12-76</u> <u>2-20-75</u>	

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)	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'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 1-6-76	Date Compl. Ready to Prod. 5-8-76		Total Depth 824 feet		P.B.T.D. 818 feet			
Elevations (DF, RKB, RT, GR, etc.) 3673	Name of Producing Formation Seven Rivers		Top Oil/Gas Pay 780		Tubing Depth 794			
Perforations 782-787, 790-793					Depth Casing Shoe 824			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8 inch	7 inch O.D.		510 feet		Pulled out			
6 1/2 inch	4 1/2 inch O.D.		824 feet		Circulated to surface with 200 sacks.			

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 5-12-76	Date of Test 5-14-76	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 75	Water-Bbls. None	Gas-MCF Approx. 1,000 per Mo.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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.

OIL CONSERVATION COMMISSION
MAY 17 1976

APPROVED _____, 19____
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

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 multiple completed wells.

J.B. Adamson
(Signature)

Owner - Operator
(Title)

5-16-76

(Date)