DISTRIBUTION  ANTA FE  ILE  J.S.G.S.  AND OFFICE  RANSPORTER  OPERATOR  PRORATION OFFICE  DAVID C. COLLIER  ddress  BOX 798, ARTESIA,	AUTHORIZATION TO TRA		Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65 RAL GAS
DISTRIBUTION  ANTA FE  FILE  J.S.G.S.  AND OFFICE  FRANSPORTER  GAS  DPERATOR  PRORATION OFFICE  DAVID C. COLLIER	AUTHORIZATION TO TRA	FOR ALLOWABLE AND NSPORT OIL AND NATUR	Supersedes Old C-104 and C-1 Effective 1-1-65
ANTA FE  ILE  J.S.G.S.  AND OFFICE  RANSPORTER  GAS  DPERATOR  PRORATION OFFICE  DAVID C. COLLIER  ddress	AUTHORIZATION TO TRA	FOR ALLOWABLE AND NSPORT OIL AND NATUR	Supersedes Old C-104 and C-1 Effective 1-1-65
J.S.G.S.  AND OFFICE  RANSPORTER  GAS  PRORATION OFFICE  DAVID C. COLLIER	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATUR	Effective 1-1-65
J.S.G.S.  AND OFFICE  FRANSPORTER OIL / GAS  OPERATOR / PRORATION OFFICE  DAVID C. COLLIER	RECE	NSPORT OIL AND NATUR	RAL GAS
AND OFFICE  TRANSPORTER OIL / GAS  DEFENTOR / DEPORTION OFFICE  DAVID C. COLLIER	RECE		
PRORATION OFFICE DAVID C. COLLIER		VED	
PRORATION OFFICE  DAVID C. COLLIER	Alle Cara	· <del>-</del>	
DAVID C. COLLIER		à m.a.	
DAVID C. COLLIER	AUG 1 0 1	9/6	
BOX 798, ARTESIA,	O. C. C		
	ARTESIA COS	ICE	
leason(s) for filing (Check proper box)		Other (Please explain	1)
lew Well	Change in Transporter of:		
Recompletion	Oil Dry Go	s = 91.2-	183
Change in Ownership	Casinghead Gas Conder	isate	
change of ownership give name		Ext. 2-195	183 Especie 1-1-27 2-15-27
nd address of previous owner		Ct. 2-10	
ESCRIPTION OF WELL AND LI	EASF. Well No. Pool Name, Including F	ormation Kind o	f Lease No.
Gillespie State	2 Lad. E. Empire	Yates 7R State,	Federal or Fee State B-2071
ocation			
Unit Letter C : 1650	Feet From The W Lir	ie and 990 Feet	From The North
Line of Section 27 Town	iship 17S Range 2	.8E , NMPM, EC	ddy County
Line of Section - 10wi			
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   C   27   17   28	Is gas actually connected?	When
this production is commingled with	that from any other lease or pool,	give commingling order number	er:
COMPLETION DATA	Oil Well Gas Well	New Well Workover Dee	pen Plug Back Same Resty, Diff. Res
Designate Type of Completion	1	X	P.B.T.D.
Date opicare	Date Compl. Ready to Prod.	Total Depth 825	819
May 31, 1976	July 13, 1976	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.) 3653 GL	7 Rivers	764	815
	erferation size .38	704	Depth Casing Shoe
Perforations 764-67, 5 shots; 784-86		hots	822
		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
104	<del>-8-5/8"</del>	230:15	None
811	<del>-7"-</del>	493.75	4 A None
614"	5½"	822	7 (5 150 sx
		-francisco of sold values of	load oil and must be equal to or exceed top al
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be able for this c	c port or o o jor just o o in a man or in a	load oil and must be equal to or exceed top al
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump	p, gas lift, etc.)
July 23, 1976	August 1, 1976	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hours	NA	0 Water Bhis	NA Ggs-MCF
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	
30	12	15	TSTM
GAS WEI I		. <u></u>	
GAS WELL Actual Prod. Tost-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		Casing Pressure (Shut-in)	Choke Size
	I M. Line - Managerian & Miles & San B		1
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		

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.

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.

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

TITLE SUPERVISOR, DISTRICT, II

Separate Forms C-104 must be filed for each pool in multiply completed wells.