

SANTA FE	/	
FILE	/	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	
OPERATOR	/	
PRORATION OFFICE		

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

RECEIVED

DEC 14 1976

Operator Collier & Collier ✓		O.C.C. ARTESIA, OFFICE	
Address Box 798, Artesia NM 88210			
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input checked="" type="checkbox"/>		Other (Please explain) THIS MUST NOT BE FLAMED AFTER 2-1-77 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED	
Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/>		Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner David C. Collier, Box 798 Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gillespie State	Well No. 4	Pool Name, including Formation E. Empire Yates 7R	Kind of Lease State, Federal or Fee	Lease No. B-2071
Location Unit Letter <u>B</u> ; <u>940</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) N. Freeman, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 27
	Twp. 17S	Rge. 28E
	Is gas actually connected? <u>No</u> When	

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded Oct. 6, 1976	Date Compl. Ready to Prod. Nov. 20, 1976		Total Depth 788		P.B.T.D. 773.85			
Elevations (DF, RKB, RT, GR, etc.) 3597 GL	Name of Producing Formation 7 Rivers		Top Oil/Gas Pay 738		Tubing Depth 761			
Perforations 738-39 742-43 748-49					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
10"	8 5/8"		166'					
8"	7"		547'					
6 1/2"	5 1/2"		773.85		216 sks - circ to surface			
		238'		761				

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 Nov. 26, 1976	Date of Test Dec. 9, 1976	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure NA	Casing Pressure 0	Choke Size NA
Actual Prod. During Test 90	Oil-Bbls. 60	Water-Bbls. 30	Gas-MCF TSTM

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.

Gerald G. Wilson
(Signature)
Agent
(Title)
December 14, 1976
(Date)

OIL CONSERVATION COMMISSION	
APPROVED <u>DEC 16 1976</u>	
BY <u>W. A. Gussert</u>	
TITLE <u>SUPERVISOR, DISTRICT II</u>	
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 multiply completed wells.	