

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**RECEIVED**

DEC 14 1976

Operator  
**Collier & Collier ✓**

Address  
**Box 798, Artesia NM 88210**

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

Other (Please explain) **FLARED AT 2-1-77 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED**

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 <b>Gillespie State</b>	Well No. <b>4</b>	Pool Name, including Formation <b>E. Empire Yates 7R</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>B-2071</b>
Location Unit Letter <b>B</b> ; <b>940</b> Feet From The <b>North</b> Line and <b>2310</b> Feet From The <b>East</b>				
Line of Section <b>27</b> Township <b>17S</b> Range <b>28E</b> , NMPM, <b>Eddy</b> 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"/> <b>Navajo Crude Oil Purchasing Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>N. Freeman, Artesia, NM 88210</b>
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 <b>C</b> Sec. <b>27</b> Twp. <b>17S</b> Rge. <b>28E</b>	Is gas actually connected? <b>No</b> 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 <b>Oct. 6, 1976</b>	Date Compl. Ready to Prod. <b>Nov. 20, 1976</b>	Total Depth <b>788</b>	P.B.T.D. <b>773.85</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3597 GL</b>	Name of Producing Formation <b>7 Rivers</b>	Top Oil/Gas Pay <b>738</b>	Tubing Depth <b>761</b>					
Perforations <b>738-39 742-43 748-49</b>		Depth Casing Shoe						
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<del>10"</del>	<del>8 5/8"</del>	<del>166'</del>						
<del>8"</del>	<del>7"</del>	<del>547'</del>						
<b>6 1/2"</b>	<b>5 1/2"</b>	<b>773.85</b>	<b>216 sks - circ to surface</b>					
	<b>238'</b>	<b>761</b>						

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

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 **DEC 16 1976**, 19\_\_\_\_  
BY *W. A. Gussert*  
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 multiply completed wells.