

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

DEC 8 1977

RECEIVED
DISTRICT OFFICE

I. OPERATOR

Operator Collier & Collier ✓

Address
P.O. Box 798, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	PRODUCED 2-1-78
		Dry Gas	<input type="checkbox"/>	IN ACCORDANCE TO Rule 306
		Condensate	<input type="checkbox"/>	

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

IS OBTAINED

2-2-77 eff. 4-1-78
2-2-77 " 6-18-78
2-7-77 " 7-31-78

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Duck	1	East Red Lake Q. G.	State, Federal or Fee	
Location				
Unit Letter <u>I</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>2</u> Township <u>17</u> Range <u>28</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"/>	Address (Give address to which approved copy of this form is to be sent)			
Navajo Crude Oil Purchasing Company	Drawer 175, Artesia, New Mexico 88210			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Phillips Petroleum Company	Frank Phillips Bldg., Bartlesville, Okla.			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	I	2	17	28
Is gas actually connected?	When			
No	Within 90 days			

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Hst'v.	Diff. Rest'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
June 2, 1977	Nov. 23, 1977		1697'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
GL 3567.7 DF 3569	Second Penrose		1623 - 1632		1671			
Perforations					Depth Casing Shoe			
1623 - 1632 9 Shots 1/ft. .42 Size								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
10"	16# 8 5/8"		356		175 Sx "C" to surface			
8"	20# 7"		624.05		Cave string pulled			
6 1/2"	14# 5 1/2"		1697		300 Sx "C" to surface			
	2 3/8" tubing		1671					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Nov. 23, 1977	Dec. 2, 1977	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hr.	NA	25 lbs.	NA
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
24	20	4	10

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Mario Siquier
(Signature)

Agent
(Title)

12/8/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 8 1977, 19 _____
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT

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.