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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		
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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

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MAR 22 1978

Operator		O. C. C.	
Collier & Collier		ARTESIA, OFFICE	
Address			
P.O. Box 798, Artesia, New Mexico 88210			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Casinghead Gas MUST NOT BE	
Recompletion	<input type="checkbox"/>	FLARED AFTER S-26-78 ✓	
Change in Ownership	<input type="checkbox"/>	UNLESS AN EXCEPTION TO Rule 306	
Change in Transporter of:		IS OBTAINED	
Oil	<input type="checkbox"/>		
Dry Gas	<input type="checkbox"/>		
Casinghead Gas	<input type="checkbox"/>		
Condensate	<input type="checkbox"/>		

If change of ownership give name  
and address of previous owner

NFO Exp. # 2-280

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Wolf	1	E. Empire Y. 7R	State, Federal or Fee Fee	
Location				
Unit Letter	M	990	Feet From The South	Line and 330
		Feet From The North West		
Line of Section	23	Township	17	Range 28
		, NMPM,		Eddy
				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	Drawer 175, 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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	23	17	28	No	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
June 2, 1977	March 3, 1978	806	805					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3590 GL	Seven Rivers	768-774	758					
Perforations	Depth Casing Shoe							
768-774 10 shots - size .42	805							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
10"	8 5/8"	128	None					
12"	10 3/4"	112	None					
10"	8 5/8"	312	None					
8"	7"	544	None					
6"	5 1/2"	805	200 Sacks Cl. "C"					

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.)	
March 4, 1978	March 8, 1978	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	NA	30#	NA
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
60	50	10	10

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.

Maria Sifuentes  
(Signature)

Agent

(Title)

3/21/78

(Date)

OIL CONSERVATION COMMISSION  
APPROVED 3/23/78, 19

BY Mike Williams

TITLE RECEIVED

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.