

DISTRIBUTION	
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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

MAY 10 1978

Operator COLLIER & COLLIER		O. C. C. 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"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER 7-1-78 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED NFO EX. #2-280
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		
If change of ownership give name and address of previous owner		

II. DESCRIPTION OF WELL AND LEASE

Lease Name WOLF	Well No. 2	Pool Name, Including Formation E. EMPIRE, 7R	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter M ; 330 Feet From The SOUTH Line and 330 Feet From The 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"/> NAVAJO CRUDE OIL PURCHASING CO.	Address (Give address to which approved copy of this form is to be sent) N. FREEMAN, ARTESIA, NEW MEXICO 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 M	Sec. 23	Twp. 17	Rge. 28	Is gas actually connected? NO	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 11-25-77	Date Compl. Ready to Prod. 4-24-78	Total Depth 808'	P.B.T.D. 800'					
Elevations (DF, RKB, RT, GR, etc.) 3583.9 G.L.	Name of Producing Formation SR	Top Oil/Gas Pay 759	Tubing Depth 776					
Perforations 759-765 10 Holes Size .42	Depth Casing Shoe 800							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12"	10 3/4"	115	None - Csg. Pulled
10"	8 5/8"	200	
8"	7 "	554	
6 3/4"	5 1/2"	800	250 SXC - + 4/8s ready mix

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 4-21-78	Date of Test 4-24-78	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure NA	Casing Pressure #25	Choke Size NA
Actual Prod. During Test 30	Oil-Bbls. 20	Water-Bbls. 10	Gas-MCF 4

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.

Linda K. Miller
(Signature)
Agent
(Title)
5-10-78
(Date)

OIL CONSERVATION COMMISSION

MAY 11 1978

APPROVED _____, 19____
BY N. A. Gressett
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.