

DISTRIBUTION	
SANTA FE	5
FILE	1
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

APR 26 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"/>	
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 GILLESPIE STATE	Well No. 6	Pool Name, Including Formation EMPIRE YATES 7R EAST	Kind of Lease State, Federal or Fee STATE	Lease No. B-2071
Location Unit Letter D ; 355 Feet From The North Line and 446 Feet From The West Line of Section 27 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 PURCHAING COMPANY	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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS PETROLEUM COMPANY	Address (Give address to which approved copy of this form is to be sent) BARTLESVILLE, OKLA.	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 27 Twp. 17 Rge. 28 Is gas actually connected? yes When 4-25-78

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2-24-78	Date Compl. Ready to Prod. 4-25-78		Total Depth 790'		P.B.T.D. 783'			
Elevations (DF, RKB, RT, GR, etc.) 3637.6	Name of Producing Formation 7-RIVERS		Top Oil/Gas Pay 734.5		Tubing Depth 770			
Perforations 734.5-755.5					Depth Casing Shoe 783			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 6 1/4"	CASING & TUBING SIZE 4 1/2"		DEPTH SET 783'		SACKS CEMENT 188 sxs + 4 yds. ready			
		2 7/8"		770				

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 4-25-78	Date of Test 4-25-78	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure 25#	Choke Size
Actual Prod. During Test 115	Oil-Bbls. 115	Water-Bbls. 5	Gas-MCF 5

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)
4-25-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 27 1978
BY W. 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.