

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
RECEIVED
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JUN - 5 1978

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

O. C. C.
ARTESIA, OFFICE

Operator <u>Collier & Collier</u>	
Address <u>P.O. Box, 708, Artesia, New Mexico 88210</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Gillespie State</u>	Well No. <u>8</u>	Pool Name, Including Formation <u>East Empire Yates 7R</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-2071</u>
Location Unit Letter <u>C</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u> Line of Section <u>27</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"/> <u>Navajo Crude Oil Purchasing Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>North Freeman, Artesia, NM 88216</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Phillips Bldg., Bartlesville, Okla.</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>27</u>	Twp. <u>17</u>	Rge. <u>28</u>
	Is gas actually connected?		When <u>5-28-78</u>	

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 <u>4/20/78</u>	Date Compl. Ready to Prod. <u>5/29/78</u>		Total Depth <u>769</u>			P.B.T.D. <u>766</u>		
Elevations (DF, RKB, RT, GR, etc.) <u>3596.2 GL</u>	Name of Producing Formation <u>Seven Rivers</u>		Top Oil/Gas Pay <u>726</u>			Tubing Depth <u>750</u>		
Perforations <u>726 - 730 16 holes size .32</u>						Depth Casing Shoe <u>767</u>		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
<u>10"</u>	<u>8 5/8" 24#</u>		<u>199</u>			<u>None</u>		
<u>8"</u>	<u>7" 20#</u>		<u>512</u>			<u>None</u>		
<u>6 1/2"</u>	<u>4 1/2" 9.5#</u>		<u>766</u>			<u>250 CL. "C" Prod. S.</u>		
	<u>2 3/8" Tubing</u>		<u>750</u>					

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

Date First New Oil Run To Tanks <u>5/28/78</u>	Date of Test <u>5/29/78</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hr.</u>	Tubing Pressure <u>NA</u>	Casing Pressure <u>25#</u>	Choke Size <u>NA</u>
Actual Prod. During Test <u>80</u>	Oil-Bbls. <u>80</u>	Water-Bbls. <u>-0-</u>	Gas-MCF <u>5</u>

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.

Marie S. Santos
(Signature)
Agent
(Title)
6/2/78
(Date)

OIL CONSERVATION COMMISSION
JUN - 7 1978
APPROVED _____
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.