

DISTRIBUTION		
SANTA FE		
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

JUN 30 1978

Operator <u>Collier & Collier</u>		O. C. C. ARTESIA, OFFICE	
Address <u>P.O. Box 798, 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>#9</u>	Pool Name, Including Formation <u>East Empire Yates 7-RS</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-2071</u>
Location				
Unit Letter <u>B</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</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"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Navajo Crude Oil Purchasing</u>	<u>North Freeman, Artesia, New Mexico 88210</u>					
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)					
<u>Phillips Petroleum Company</u>	<u>Phillips Bldg, Bartlesville, Oklahoma</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. <u>27</u>	Twp. <u>17S</u>	Rge. <u>28E</u>	Is gas actually connected? <u>YES</u>	When <u>6/16/78</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>5/26/78</u>	Date Compl. Ready to Prod. <u>June 16, 1978</u>		Total Depth <u>782</u>		P.B.T.D. <u>781</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3586 GR</u>	Name of Producing Formation <u>Seven Rivers</u>		Top Oil/Gas Pay <u>724-730</u>		Tubing Depth <u>770</u>			
Perforations <u>724-730 10 holes size .32</u>					Depth Casing Shoe <u>782</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>10"</u>	<u>8 5/8"</u>		<u>173</u>		<u>none</u>			
<u>8"</u>	<u>7 "</u>		<u>483</u>		<u>none</u>			
<u>6 1/4"</u>	<u>4 1/2"</u>		<u>781</u>		<u>250 sxs class C"</u>			
	<u>2 3/8"</u>		<u>770</u>					

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 <u>6/16/78</u>	Date of Test <u>6/20/78</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>90</u>	Oil-Bbls. <u>90</u>	Water-Bbls. <u>-0-</u>	Gas-MCF <u>10</u>

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.

Mary J. Bustamante
(Signature)
Agent
(Title)
June 29, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 30 1978, 19
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.