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| DISTRIBUTION | |
| SANTA FE | 5 |
| 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
Superseding Old C-104 and C-111
Effective 1-1-63

RECEIVED

NOV 15 1978

| | |
|---|---|
| Operator Collier & Collier ✓ | |
| Address P.O. Box 793 Artesia, New Mexico 88210 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of <input type="checkbox"/> |
| 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 Gillespie State | Well No. #10 | Pool Name, Including Formation E. Empire Yates 7-RS | Kind of Lease State, Federal or Fee State | Lease No. B-2071 |
| Location Unit Letter <u>B</u> : <u>330</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>27</u> Township <u>17S</u> Range <u>28E</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"/> Navajo Crude Oil Purch. | Address (Give address to which approved copy of this form is to be sent) North 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) Phillips Bldg. Bartlesville, Okla. | |
| If well produces oil or liquids, give location of tanks. | Unit C | Sec. 27 |
| | Twp. 17S | Rge. 28E |
| | Is gas actually connected? | When 10-11-78 |
| | Yes | 6-16-78 |

If this production is commingled with that from any other lease or pool, give commingling order number:

V. 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 6-10-1978 | Date Compl. Ready to Prod. 10-11-78 | | Total Depth 800' | | P.B.T.D. 789' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3597. | Name of Producing Formation Seven Rivers | | Top Oil/Gas Pay 747' - 749' | | Tubing Depth 767' | | | |
| Perforations 747' - 749' 10 holes | | | | | Depth Casing Shoe 800' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 6 5/8" | 4 1/2" | | 800' | | 250 | | | |
| 10" | 8 5/8" | | 199' | | 20 sxs cl. "C" | | | |
| | | | | | none | | | |

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 10-11-78 | Date of Test 10-10-78 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 hrs. | Tubing Pressure N/A | Casing Pressure 20# | Choke Size N/A |
| Actual Prod. During Test 20 Bbls. | Oil-Bbls. 20 Bbls. | Water-Bbls. -0- | 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.

Mary D Bustamante
(Signature)
Agent
(Title)
11-14-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 16 1978
BY W.A. Gussatt
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.