

NO. OF COPIES RECEIVED	5
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

AUG - 7 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) 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"/>		Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gillespie State	Well No. #11	Pool Name, Including Formation E. Empire Y 7 R	Kind of Lease State, Federal or Fee State	Lease No. B-2071
Location Unit Letter A ; 330 Feet From The North Line and 990 Feet From The East Line of Section 27 Township 17S Range 28E , 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 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 D	Sec. 27	Twp. 17S	Rge. 28E
Is gas actually connected?		When 7-20-78		

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-15-78	Date Compl. Ready to Prod. 7-20-78		Total Depth 788		P.B.T.D. 784			
Elevations (DF, RKB, RT, GR, etc.) 3604.0	Name of Producing Formation Seven Rivers		Top Oil/Gas Pay 755-760		Tubing Depth 778			
Perforations 755-760					Depth Casing Shoe 788			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
10"	8 5/8"		193'		none			
8"	7"		488'		none			
4 1/2"	6 1/2"		788'		250 sxs CL "C"			
		2 3/8"						

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 7-20-78	Date of Test 7-21-78	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test 24 hr.	Tubing Pressure	Casing Pressure 25#	Choke Size NA
Actual Prod. During Test 130	Oil - Bbls. 130	Water - Bbls. -0-	Gas - MCF 5

GAS WELL

Actual Prod. Test-MCF/D	Length of Test 24 hr.	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 J. Bustamante
(Signature)
Agent
(Title)
Aug. 4 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG - 8 1978
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.