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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-105
Effective 1-1-65

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I.

Operator	Collier Energy Inc.	JUN 24 1980
Address	P.O. Box 798 Artesia, NM 88210	O. C. D. ARTESIA OFFICE
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well	<input type="checkbox"/>	Change In Transporter of:
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change In Ownership	<input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner Collier & Collier P.O. Box 798 Artesia, NM 88210		

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Gillespie state	Well No.	12	Pool Name, including Formation	E. East Empire Yates 7-RS	Kind of Lease	State, Federal or Fee	State	Lease No.	B-2071
Location	Unit Letter A : 330 Feet From The North Line and 330 Feet From The East									
Line of Section	27	Township	17S	Range	28 E	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 Purchasing Co.	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 Co.	Address (Give address to which approved copy of this form is to be sent)	Phillips Bldg. Bartleville, OK				
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 27	Twp. 17S Rge. 28E	Is gas actually connected?	When		

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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.

(Signature)
Agent

(Title)
July 1, 1980

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 1 1980, 19
BY Mike Williams
TITLE OIL AND GAS INSPECTOR

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 multiple completed wells.