

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

NEW MEXICO OIL CONSERVATION COM ION
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

SEP 18 1978

I. Operator Collier & Collier ✓ **O. C. C.**
Address P.O. Box 798 Artesia, New Mexico 88210 **ARTESIA, OFFICE**
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 11-1-78 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED 61-2-295
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State B</u>	Well No. <u>#4</u>	Pool Name, Including Formation <u>E. Empire Yates 7-RS</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-1111</u>
Location Unit Letter <u>M</u> ; <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>22</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 Purch. Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>N. 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)	
If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>22</u>
	Twp. <u>17S</u>	Rge. <u>28E</u>
	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 <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>July 28, 1978</u>	Date Compl. Ready to Prod. <u>8-26-78</u>		Total Depth <u>800'</u>		P.B.T.D. <u>780' 793</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3590.8 G.L.</u>	Name of Producing Formation <u>Seven Rivers</u>		Top Oil/Gas Pay <u>704 1/2 - 709 1/2</u>		Tubing Depth <u>760'</u>			
Perforations <u>704'- 709.5' 10 holes</u>					Depth Casing Shoe <u>765 800</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <u>7 7/8</u>	CASING & TUBING SIZE <u>4 1/2"</u>		DEPTH SET <u>766' 800</u>		SACKS CEMENT <u>250 SXS</u>			
	<u>2 3/8</u>		<u>760'</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>Aug. 27, 1978</u>	Date of Test <u>Sept. 2, 1978</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hr.</u>	Tubing Pressure <u>N/A</u>	Casing Pressure <u>8#</u>	Choke Size <u>N/A</u>
Actual Prod. During Test <u>40</u>	Oil-Bbls. <u>40</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.

Mary A. Bustamante
(Signature)
Agent
(Title)
Sep. 14, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 19 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.

800 6 1 8 3 6

800 6 1 8 3 6

800 6 1 8 3 6