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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-110  
Effective 1-1-65

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SEP - 5 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)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLAMED AFTER 11-1-78 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED	
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			

Lease Name State B	Well No. #6	Pool Name, Including Formation Und. E. Empire Yates 7-RS	Kind of Lease State, Federal or Fee State	Lease No. B-1111
Location Unit Letter M ; 330 Feet From The South Line and 330 Feet From The West Line of Section 22 Township 17S Range 28E , NMFM, Eddy County				

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil 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 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 M	Sec. 22	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:

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 Aug. 7, 1978	Date Compl. Ready to Prod. 8-16-78	Total Depth 800'		P.B.T.D. 794'					
Elevations (DF, RKB, RT, GR, etc.) 3621.1	Name of Producing Formation Und. E. Empire Yates 7R	Top Oil/Gas Pay 713-718		Tubing Depth 784'					
Perforations 713-718 10 holes .32		Depth Casing Shoe 794'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 6 5/8	CASING & TUBING SIZE 4 1/2		DEPTH SET 800'		SACKS CEMENT 250 SXS				

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 8-16-78	Date of Test 8-21-78	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hr.	Tubing Pressure NA	Casing Pressure 25#	Choke Size NA
Actual Prod. During Test 80	Oil-Bbls. 80 Bbl	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

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. Bastarrante  
(Signature)  
Agent  
(Title)  
Sep. 1, 1978  
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP - 6 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.