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NEW MEXICO OIL CONSERVATION COM. SION
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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OCT 30 1978

Operator Collier & Collier ✓		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:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner _____

CASINGHEAD GAS MUST NOT BE
TRANSPORTED WITHOUT A
PERMIT TO TRANSPORT TO
#2-307

II. DESCRIPTION OF WELL AND LEASE

Lease Name Zait	Well No. #2	Pool Name, Including Formation E. Empire Yates 7-RS	Kind of Lease State, Federal or Fee	State	Lease No. B-636
Location					
Unit Letter L ; 2310 Feet From The South Line and 990 Feet From The West					
Line of Section 22 Township 17S Range 28E , NMPM, Eddy County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing Co.	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	22	17S	28E		

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.
	X		X					
Date Spudded 9-12-78	Date Compl. Ready to Prod. 10-16-78	Total Depth 800'	P.B.T.D. 770'					
Elevations (DF, RKB, RT, GR, etc.) 3602.5	Name of Producing Formation 7-Rivers	Top Oil/Gas Pay 738' - 743'	Tubing Depth 753'					
Perforations 738-43	Depth Casing Shoe 775'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
6 5/8"	4 1/2"	775'	250 sxs class "C"					
	2 3/8"	753'						

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 10-16-78	Date of Test 10-24-78	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hr.	Tubing Pressure N/A	Casing Pressure 9.5#	Choke Size N/A
Actual Prod. During Test 30 Bbls.	Oil - Bbls. 30	Water - Bbls. -0-	Gas - MCF TSTM

11-24-78
NCO/-

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 J. Bustamante
(Signature)

Agent

(Title)

Oct. 27, 1978

(Date)

OIL CONSERVATION COMMISSION

OCT 31 1978

APPROVED _____, 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 recomple 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.