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LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
PROMOTION 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-1  
Effective 1-1-65

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MAR 23 1979

Operator Collier & Collier ✓		J. C. C. ARTERIAL 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 FLARED AFTER 5-5-79 UNLESS AN EXCEPTION TO 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			

II. DESCRIPTION OF WELL AND LEASE

Lease Name State B	Well No. #7	Pool Name, Including Formation East Empire Yates 7-R	Kind of Lease State, <del>KRMXKX</del> State	Lease No. B-1111
Location Unit Letter M ; 990 Feet From The South Line and 330 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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) N. Freeman, Artesia, NM 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? No.	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 9/11/78	Date Compl. Ready to Prod. 3/5/79	Total Depth 800'		P.B.T.D. 795'					
Elevations (DF, RKB, RT, GR, etc.) 3629.3	Name of Producing Formation Seven Rivers	Top Oil/Gas Pay 730'		Tubing Depth 785'					
Perforations 743-749		Depth Casing Shoe 797'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
7 7/8"	4 1/2"		800'		275 Sxs.				
	2 3/8"		785'						

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 3/5/79	Date of Test 3/6/79	Producing Method (Flow, pump, gas lift, etc.) Pumping.	
Length of Test 24 hours	Tubing Pressure N/A	Casing Pressure 15#	Choke Size N/A
Actual Prod. During Test 80	Oil-Bbls. 80	Water-Bbls. -0-	Gas-MCF 5,123.30

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.

*Cheri Mark*  
(Signature)

Secretary

(Title)

3/23/79

(Date)

OIL CONSERVATION COMMISSION

MAR 26 1979

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 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 Form C-104 must be filed for each pool in multiple completed wells.