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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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JAN 31 1980

Operator Collier & Collier		O. C. D.	
Address P.O. Box 798, Artesia, New Mexico 88210		ARTESIA, OFFICE	
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"/>	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 Wolf	Well No. 3	Pool Name, Including Formation East Empire Yates 7-R	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter M	330	Feet From The South	Line and 990	Feet From The West	
Line of Section 23	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 Curde Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) P.O. Dr. 175, Artesia, NM 88210				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, OK				
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 23	Twp. 17	Rge. 28	Is gas actually connected? yes
					When 7-11-80 6/13/79

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 Rest'v. <input type="checkbox"/>	Diff. Rest'v. <input type="checkbox"/>
Date Spudded 12/3/79	Date Compl. Ready to Prod. 1/10/80		Total Depth 807'		P.B.T.D. 800'			
Elevations (DF, RKB, RT, GR, etc.) 3610.1 GL	Name of Producing Formation Seven Rivers		Top Oil/Gas Pay 750' 79.3		Tubing Depth 790'			
Perforations 793' - 798' 2 holes per foot. 3 1/2" gun					Depth Casing Shoe 800'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
10 3/4"	8 5/8"		117'		5 yds ready mix to sur.			
6 5/8"	4 1/2"		804'		415 Sxs. Class C			

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 1/11/80	Date of Test 1/12/80	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure N/A	Casing Pressure 25#	Choke Size N/A
Actual Prod. During Test 40 bbls.	Oil-Bbls. 35 bbls.	Water-Bbls. 5 bbls.	Gas-MCF 5 MCF

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.

Cheri Mark
(Signature)

Secretary
(Title)

January 30, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 31 1980
BY *W. A. Gressett*
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.