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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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MAY - 9 1980

Operator Collier Energy, Inc.		O. C. D. 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	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	FLARED AFTER 7-1-80	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	UNLESS AN EXCEPTION TO Rule 306	
	Dry Gas <input type="checkbox"/>	IS OBTAINED	
	Condensate <input type="checkbox"/>	Ex. 42-390	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name St. B-1111, Tr. 1	Well No. 8	Pool Name, Including Formation East Empire Yates 7-R	Kind of Lease State, Federal or Fee State	Lease No. B-1111
Location Unit Letter <u>H</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u>				
Line of Section <u>22</u> Township <u>17S</u> Range <u>28E</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"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 175, Artesia, New Mexico 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, Oklahoma 74004	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 22
	Twp. 17	Rge. 28
	Is gas actually connected? No	
	When	

If this production is commingled with that from any other lease or pool, give commingling order number: CTB 281 6-10-80

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 3/25/80	Date Compl. Ready to Prod. 4/9/80		Total Depth 846'		P.B.T.D. 805'			
Elevations (DF, RKB, RT, GR, etc.) 3584.2 G.	Name of Producing Formation Seven Rivers		Top Oil/Gas Pay 792'		Tubing Depth 801'			
Perforations 792, 794, 796, 801					Depth Casing Shoe 809'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
7 7/8"	4 1/2"		846'		250 sxs. & 4 yds.			
	2 3/8"		801'		Ready Mix			

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 4/10/80	Date of Test 4/11/80	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 40 1/2	Oil-Bbls. 40	Water-Bbls. 1/2	Gas-MCF TSTM

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.

[Signature]
(Signature)

Secretary
(Title)

4/29/80
(Date)

OIL CONSERVATION COMMISSION

MAY 13 1980

APPROVED _____, 19____

BY *[Signature]*
SUPERVISOR, DISTRICT H

TITLE _____

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.