

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PRODUCTION 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-111
Effective 1-1-65

RECEIVED

APR 18 1980

I. Operator Collier Energy, Inc. O. C. D.
Address ARTESIA, OFFICE
P.O. Box 798, Artesia, NM 88210
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of: CAN BE OBTAINED WITHOUT BE
Recompletion ☐ Oil ☐ Dry Gas ☐ FILED AFTER 6-1-80 ✓
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ UNLESS AN EXCEPTION TO Rule 306
IS OBTAINED
261 #2-390

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State B-1111, Tr. 1	#11	East Empire Yates 7-Rivers	State, Federal or Fee State	B-1111
Location				
Unit Letter <u>H</u> ; <u>1650</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>17 S</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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Navajo Crude Oil Purchasing Company</u>	<u>P.O. Drawer 175, Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Company</u>	<u>Bartlesville, OK 74004</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>H</u> <u>22</u> <u>17</u> <u>28</u>	<u>No.</u>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
<u>X</u>	<u>X</u>		<u>X</u>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>3/20/80</u>	<u>4/3/80</u>	<u>832'</u>	<u>810' 830</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>3607.6 GL</u>	<u>Seven Rivers</u>	<u>818'</u>	<u>805'</u>					
Perforations			Depth Casing Shoe					
<u>818, 820, 822, 828</u>			<u>807'</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>832'</u>	<u>275 Sxs.</u>					
	<u>2 3/8"</u>	<u>805'</u>						

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>4/4/80</u>	<u>4/5/80</u>	<u>Pumping</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hrs.</u>	<u>N/A</u>	<u>14#</u>	<u>N/A</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
<u>92</u>	<u>90</u>	<u>2</u>	<u>TSTM</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			<u>N/A</u>
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.

Carl M. Work
(Signature)

Secretary
(Title)

April 11, 1980
(Date)

OIL CONSERVATION COMMISSION
APR 21 1980

APPROVED _____, 19____
BY W. A. Gussett
SUPERVISOR, DISTRICT II
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 multiple completed wells.