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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-  
 Effective 1-1-65

RECEIVED

MAR 21 1980

O. C. D.

ARTESIA, OFFICE

I.

Operator  
 Collier Energy, Inc. ✓

Address  
 P.O. Box 798, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)  
 New Well       Change in Transporter of:  
 Recompletion       Oil       Dry Gas   
 Change in Ownership       Casinghead Gas       Condensate

Other (Please explain)  
 CASINGHEAD GAS MUST NOT BE  
 FLARED AFTER 5-10-80  
 UNLESS AN EXCEPTION TO RULE 306  
 IS OBTAINED Ex # 2-383

If change of ownership give name  
 and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name St. B-1969, Tr. 2	Well No. 14	Pool Name, including Formation East Empire Yates 7-R	Kind of Lease State, Federal or Fee	State	Lease No. B-1969
Location Unit Letter <u>J</u> <u>1650</u> Feet From The <u>South</u> Line and <u>1650</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 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 74004
If well produces oil or liquids, give location of tanks. Unit <u>AX</u> Sec. <u>22</u> Twp. <u>17</u> Rge. <u>28</u>	Is gas actually connected?    When No.

If this production is commingled with that from any other lease or pool, give commingling order number: CTB ~~281~~ 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 2/26/80	Date Compl. Ready to Prod. 3/9/80	Total Depth 802'	P.B.T.D. 790'					
Elevations (DF, RKB, RT, GR, etc.) 3589.3 GL	Name of Producing Formation Seven Rivers	Top Oil/Gas Pay 750'	Tubing Depth 770'					
Perforations 750' - 754', 759', 760'						Depth Casing Shoe 793'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
7 7/8"	4 1/2"	802'	250 Sxs.					
	2 3/8"	770'						

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 3/10/80	Date of Test 3/11/80	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure N/A	Casing Pressure 15#	Choke Size N/A
Actual Prod. During Test 70	Oil-Bbls. 70	Water-Bbls. -0-	Gas-MCF TSTM

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.

[Signature]  
 Secretary  
 March 20, 1980  
 (Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 26 1980, 19  
 BY W. A. Gressett  
 TITLE SUPERVISOR, DISTRICT #1

This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate 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 re-completed 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 multi-completed wells.