

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PROPOSITION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

MAR 21 1980

I.

Operator
Collier Energy, Inc. ✓
Address
P.O. Box 798, Artesia, New Mexico 88210
O. C. D.
ARTESIA, OFFICE

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLAMED AFTER <u>6-8-80</u> ✓ UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED <u>6-2-391</u>	
Recompletion	<input type="checkbox"/>	Change in Transporter of:	
Change in Ownership	<input type="checkbox"/>	Oil	<input type="checkbox"/>
		Casinghead Gas	<input type="checkbox"/>
		Dry 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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
St. B-1969, Tr. 2	15	East Empire Yates 7-R	State, Federal or Fee State	B-1969
Location				
Unit Letter	J	1650 Feet From The South Line and 2310 Feet From The East		
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"/>	Address (Give address to which approved copy of this form is to be sent)	
Navajo Crude Oil Purchasing Company		P.O. Dr. 175, Artesia, NM 88210	
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)	
Phillips Petroleum Company		Bartlesville, Oklahoma 74004	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	J	22	17
			Pge. 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
2/16/80	3/4/80	800'	780'					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3592.0 GL	Seven Rivers	746'	773'					
Perforations	Depth Casing Shoe							
746' - 750', 758'	785'							
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"	773'						

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.)	
3/5/80	3/6/80	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	N/A	15#	N/A
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
70	70	0	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.

OIL CONSERVATION COMMISSION

APR 15 1980

APPROVED

BY W. A. Gessert
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 multiple completed wells.

Secretary
(Title)

March 19, 1980

(Date)