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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
PROPRATION 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-110  
Effective 1-1-65

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APR 14 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 6-1-80  
UNLESS AN EXCEPTION TO Rule 306  
IS OBTAINED  
By 2-390

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State B-1111, Tr. 1	Well No. #10	Pool Name, including Formation East Empire Yates 7-Rivers	Kind of Lease State, Federal or Fee State	Lease No. B-1111
Location Unit Letter H : 2310 Feet From The North Line and 990 Feet From The East Line of Section 22 Township 17 South Range 28 East, 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 Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 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 H	Sec. 22	Twp. 17	Rge. 28
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 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 3/16/80	Date Compl. Ready to Prod. 3/29/80		Total Depth 802'		P.B.T.D. 780'			
Elevations (DF, RKB, RT, GR, etc.) 3581.5	Name of Producing Formation Seven Rivers		Top Oil/Gas Pay 778'		Tubing Depth 776'			
Perforations 778', 780', 782', 788'					Depth Casing Shoe 785'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
7 7/8"	4 1/2"		802'		485 Sxs.			
	2 3/8"		776'					

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 3/30/80	Date of Test 3/31/80	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 85	Oil-Bbls. 82	Water-Bbls. 3	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.

*G. Marie W. Jock*  
(Signature)

Secretary  
(Title)

April 11, 1980  
(Date)

OIL CONSERVATION COMMISSION

APR 15 1980

APPROVED \_\_\_\_\_, 19

BY *W. A. Gussert*  
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.