I.	NO. DF CAPILS RECEIVED DISTRIBUTION SANTAFE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL OPERATOR PROPATION OFFICE Cycrator Collier Energy, Inc. Address P. O. Box 798, Artesi Reason(s) for filing (Check proper box) New Well Image of ownership give name and address of previous cwner	REQUEST AUTHORIZATION TO TRA a, New Mexico 88210		MAY 2 8 1980 O. C. D. Artesia, Office
н.	DESCRIPTION OF WELL AND I	.EASE Well No. Pool Name, Including Fo	•	Lease No.
		170	e and <u>2310</u> Feet From The 28E , NMPM,	
		mship 17S Ronge	s	
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Neire of Authorized Transporter of Cill X or Condensate Navajo Crude Oil Purchasing Company Name of Authorized Transporter of Casinghead Gas X or Dry Gas Phillips Petroleum If well produces oil or liquids, give location of tarks. Unit Sec. Twp. Psge. H 22 17S 28E		Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 175, Artesia, New Mexico 88210 Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74004 Is gas actually connected? When No I	
	If this production is commingled wit COMPLETION DATA			
	Designate Type of Completio	n = (X) Oil Well Gas Well X	X I I I	
	Date Spudied 3-24-80	Date Compl. Ready to Prod. 5–19–80	804 '	р.в.т. р. 790 '
	Elevations (DF, RAB, RT, GR, etc.) 3586.6 GL	Name of Producing Formation East Empire Yates 7-R	755'	Tubing Depth 760'
	Perfugations 759, 757, 755			
		TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	HOLE SIZE	4 1/2"	804"	250 sxs.
	, , , , , , , , , , , , , , , , , , , ,	2 3/8"	760'	
ν,	TEST DATA AND REQUEST F(RALLOWABLE (Test must be a	fter recovery of total volume of load oil and oth or be (or full 24 hours)	d must be equal to or exceed top allou-
Υ,	OIL WELL		pth or be for full 24 hours) Producing Mothod (Flow, pump, gas lift,	
	Date First New Oil Bun To Tanks 5-20-80	Date of Test 5-21-80	Pumping	2 2 9
	Length of Test	Tubing Pressure	Control Fragment	Choke Size 5 5
	24 hours	N/A	9 1/2#	N/A Gas-MCF
	Actual Pred. During Test 30	OII-Bbis. 30	-0-	TSTM
	GAS WELL	Longth of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Mothod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Sbut-in)	Choke Size
			OIL CONSERVAT	ION COMMISSION
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.		NAV 9 0 1000 10	
			APPROVED MAI 69 1900	
			BT	
			TITLE SUPERVISOR, DISTRICT. R This form is to be filed in compliance with RULE 1104. If this is a request for ellowable for a newly drilled or despend 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 allow- able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner,	
	5-21-8 (Da	1e)	Fill out only Sections I. II. III. and VI for each name of condition, 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.	

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