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OPERATOR		✓
PRORATION 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
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JUN 12 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	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
CASINGHEAD GAS MUST NOT BE FLARED AFTER 8-2-80 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED
Ex 2-394

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.
<u>St. B-1969, Tr. 3</u>	<u>21</u>	<u>East Empire Yates 7-R</u>	<u>State, Federal or Fee State</u>	<u>B-1969</u>
Location				
Unit Letter <u>K</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</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"/>	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</u>	<u>Bartlesville, OK 74004</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	<u>K</u>	<u>22</u>
		Twp.
		<u>17</u>
		Pge.
		<u>28</u>
		Is gas actually connected?
		<u>No</u>
		When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<u>X</u>	<u>X</u>		<u>X</u>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>5-20-80</u>	<u>5-31-80</u>	<u>798'</u>	<u>790'</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>3598 GL</u>	<u>Seven Rivers</u>	<u>770'</u>	<u>752'</u>					
Perforations			Depth Casing Shoe					
<u>737, 738, 738.5, 739, 739.5, 740, 747, 748</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>798'</u>	<u>390 SXS.</u>					
	<u>2 3/8"</u>	<u>752'</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>6-2-80</u>	<u>6-3-80</u>	<u>Pumping</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hours</u>	<u>N/A</u>	<u>15#</u>	<u>N/A</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
<u>50</u>	<u>50</u>	<u>-0-</u>	<u>TSTM</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			<u>Posted 10-2-80</u>
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
			<u>6-17-80</u>

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.

Rhonda Parrish
(Signature)

Secretary

(Title)

6-10-80

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 17 1980, 19____
BY W. A. Gressett
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 multiply recompleted wells.