	REQUEST	FOR ALLOWABLE	Superardra Vid C-114 ond Effortive 1-1-65
FILE / U.S.G.S.	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL	GAS RECEIVED
LAND OFFICE IRANSPORTER DIL			JUN 08 1981
OPERATOR / PROBATION OFFICE			O. C. D. ARTESIA, OFFICE
Operator Collier Energy, Inc.	ý		
P.O. Drawer R. Artes	ia, New Mexico 88210	Other (Please explain)	· · · · · · · · · · · · · · · · · · ·
Reason(s) for filing (Check proper box) New We!!	Change in Transporter of	CASINGHEAD GA	S MUST NOT BE
Aecompletion	Cil Dry Go Casinghead Gas Conde	FLARED AFTER	EPTION TO fale 306
Change in Ownership		IS OBTAINED	
If change of ownership give name and address of previous owner		Ext # 2-545	
DESCRIPTION OF WELL AND	Vell No. Pool Name, Including F	ormation Kind of Lea State, Feder	al or Fee StateB-1111
State B-1111, Tr. 2	<u>12</u> East Empire Ya	tes 7-R	
Unit Letter ; 231	()Feet from fire		The West
Line of Section 22 Tow	mship 17S Range	28E , NMPM,	Eddy Cour
DESIGNATION OF TRANSPORT	CER OF OIL AND NATURAL GA	15	oved copy of this form is to be sent)
		D. D. D. 175 Antoni	Now Mexico 88210
Norse of Authorized Transporter of Car Norse of Authorized Transporter of Car	linghead Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent)
Nome of Authorized Humpton		Is gas actually connected? W	hen
If well produces oil or liquids, give location of tanks.	F 22 17S 28E	No	
give location of tanks. If this production is commingled with	th that from any other lease or pool,	New Well Workover Deepen	Plug Back Same Res'v. Dill. Re
Designate Type of Completion	Oll Well Gas Well	New Well Workover Deepen	
Designate Type of Complete Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. 8/3
9/3/80	5/15/81 Name of Producing Formation	840 ' Top Oil/Gos Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.) 3590 GL	Seven Rivers	768'	7791 Depth Casing Shoe
Perforations 768-769, 771-779, 79	92-794	P CENENTING RECORD	813'
	TUBING, CASING, AN CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	8 5/8" PVC	160'	
<u>11''</u> 7 7/8''	4.1/2"	815'	CMT 250 SXS 2% CaCl ₂
	2 3/8"	779'	
. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top able for this depth or be for full 24 hours) able for this depth or be for full 24 hours)			
Droducing Method (2 100) Party a			lift, esc.)
Date First New Oil Run To Tanks 5/16/81	5/15/81	Casing Pressure	Choke Size
Length of Test	Tubing Pressure		N/A Gge-MCF
24 hrs	N/A Oil-Bble.	Water - Hole. 23	TSTM V
Actual Prod. During Test 25	2	23	
		Bbla. Condensate/MMCF	Gravity of Condensate
GAS WELL Actual Prod. Tost-MCF/D	Length of Test	Cosing Pressure (Shut-in)	Choke Size
Teoling Mothod (pitot, back pr.)	Tubing Pressure (Shut-in)		ATION COMMISSION
I. CERTIFICATE OF COMPLIAN	ĊE	11	
I bereby 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.		APPROVED JUN 0 9,1981 . 19	
		BY_ W. C. Hussel	
above is true and complete to th	t ute:	TITLE	
	a A	and the second sec	compliance with RULE 1104.
Donall & Cranc		If this is a request for allowable for a newly of the de-	
(Signalwe)		well, this form must be according with RULE 111.	
Agent		All sections of this form must be introduced with	
(Tule) /		Fill out only Sections I. II. III. at a vi for change of c.	
6/3/81 (Date)		Separate Forms C-104 m	ust be filed for each pool in