STANKE STEEL	REQUEST	RECUEST FOR ALLOWABLE		Paga et Plactic	· · · · · · · · · · · · · · · · · · ·
L.Z.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			GAS addition	ografij
0.1.6.5.	AUTHORIZATION TO TR	(ANSPURT UIL AND	MATURAL	U//3 1 × 20 20	. The self
LAND OFFICE				11.4 8 15	esentên d
TRANSPORTER GAS		•		JUL 15 1991	
OPERATOR /				O. C. D.	
PRORATION OFFICE				ARTESIA, OFFICE	
Obetatot				ARTHONY	-, · · · -
Collier Energy, Inc.			F* .		
P.O. Drawer R, Artesia	. New Mexico 88210	•			
Reason(s) for filing (Check proper box)	/	Other (Plea	se explain)		
New Well	Change in Transporter of:			s must not	BE
Recompletion	Cil Dry C		D AFTER	9-1-81 EPTION TO La	7.306
Change in Ownership	Casinghead Gas Condi		FAINED	EFTION TOPA	20300
If change of ownership give name			# z-550		
and address of previous owner					
DESCRIPTION OF WELL AND I	EASE		Kind of Leas		Lease
Legae Name	me State, Fede		1	olor Fee State	B-1111
State B-1111, Tr. 2	15 East Empire	Yates /-R		State	
Location	, N	ine and	Feet From	The <u>East</u>	
Unit Letter G : 231	O Feet From The North Li	ine and			
	nahip 1.78 Range	28E . NMP	M. Eddy	·	Cour
- Line bi section					
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL G.	AS Address (Give address	to which appro	ved copy of this for	m is to be sent)
None of Authorized Transporter of On	LA 5. 55	P O Drawer 17	5. Artesia	. New Mexico	88210
Navajo Crude Oil Purcha	tophed Gos or Dry Gos	P.O. Drawer 175, Artesia, New Mexico 88210 Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Cast					
	Unit Sec. Twp. P.go.	ls gas actually connec	ted? Who	en ,	
If well produces oil or liquids, give location of tanks.	c <u>22</u> 17 28	No.		-	
If this production is commingled with	n that from any other lease or pool,	, give commingling ord	er number:		
COMPLETION DATA	Oll Well Gas Well	New Well Workover	Deepen	Plug Back Same	Besty, Dill. A.
Designate Type of Completion		x			
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
9/16/80	6/2/81	840'		838' Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gos Pay		799* Depth Casing Shoe	
2310 GL	10 GL Seven Rivers 800'				
Perforations	•	•		838'	
782' - 811'	TUBING, CASING, AN	D CEMENTING RECO	RD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	
12 4"	8" PVC	300'		CMT 150 SXS	
7 7/8"	4½"	838'		CMT 250 SXS	
	2 3/8"	799'			
		ofter recovery of total vol	ume of load oil a	and must be equal to	o or except tipe
TEST DATA AND REQUEST FO	RALLOWINGBLE for this d	enth or be for full 24 now	*/		X 19 7
OIL WELL. Date First New Oil Hen To Tores	Date of Test	Producing Method (Flo	m. bamb. For Hi	(), (i)	
6/2/81	6/3/81	Pumping Cosing Pressure		Choke Size	
Length of Test	Tubing Pressure	1		* *	11 -
24 hrs.	N/A Oil·Bble.	Water - Bble.		GorMCF	121
Actual Prod. During Test	8	2		TSTM	· ·
10	<u> </u>			= _ = =	
GAS WELL				Gravity of Conden	
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMC	, r		
	Tubing Pressure (Shut-in)	Cosing Pressure (Shu	:-in)	Choke Size	
Testing Method (pirot, back pr.)	Tubing Pietawe (Bhuc-14)				
		OIL	CONSERVA	TION COMMIS	SIOH
CERTIFICATE OF COMPLIANC	·L	11		•	16
I hereby certify that the rules and re	gulations of the Oil Conservation	APPROVED	- 111- 1 6 1	981	
I hereby certify that the rules and re Commission have been complied w	ith and that the information given	BY	1,4, 1	Gresset	
Commission have been complied w. shove is true and complete to the	Best of my knowledge and the		PERVISOR, D	ISTRICT D	
		TITLE SUPERVISOR, DISTRICT II This form is to be filed in compliance with RULE 1104.			
\wedge \sim \sim \sim \sim \sim		1)		-LI- for a DOWIY L	3111100 01 0-
"Jonal" (ra	If this is a request for allowable for a newly drilled or de- well, this form must be accompanied by a tabulation of the de- tests taken on the well in accordance with NULE 111.				
(Signal	(w/f)	II	WALL IN BLLCOM	DWHE VIEW	
Agent	/	If ahla on new and to	COMDITION WE	at be filled out co	
7/10/2		H	• • • • • • • • • • • • • • • • • •	ITT LES VI LOT	Ch≇tjo (Nord C
// 11//	well name or number, or transporter, or other such change of Separate Forms C-104 must be filled for each.				
· ·	:	II wall name of number	of them bore	- 1, - 1	