

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104
Effective 1-1-85

JAN 30 1981

O. C. D.
ARTESIA, OFFICE

Operator
Collier Energy, Inc.
Address
P.O. Box 798 Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLAMED AFTER <u>3-16-81</u> UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED <u>Ex # 2-489</u> until Further Notice
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease
State B-1969, Tr. 4	#24	East Empire Yates 7-R	State, Federal or Fee State	B-196
Location	Unit Letter	D	990'	Feet From The
		N	Line and	330'
		Feet From The	W	
		22	Township	17S
		Range	28E	
			NMPM,	Eddy
				Co

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)
Navajo Crude Oil Purchasing Co.	P.O. Drawer 175 Artesia, NM 88210
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)
Phillips Petroleum Company	Bartlesville, Oklahoma 74007
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pgs. Is gas actually connected? When
D 22 17 28 No	

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

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. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-1-80	1-15-81	800'	798'
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3558' GL	Seven Rivers	700'	786'
Perforations	Completed Open Hole 710' to 798'	Depth Casing Shoe	710'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10 3/4"	8" P.V.C.	140'	60SXS Class C
7 7/8"	4 1/2"	710'	250SXS Class C Neat Ce
	2 3/8"	786'	

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
able 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.)	
1-16-81	1-17-81	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24Hrs.	N/A	0	N/A
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
4bbls.	1bbls.	3bbls.	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

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.

Donald Cray
(Signature)
President
1-27-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 02 1981
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 de-
well, this form must be accompanied by a tabulation of the
tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely
able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes
well name or number, or transporter, or other such change.
Separate Forms C-104 must be filed for each pool
completed wells.