

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS
OPERATOR	1
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  
Effective 1-1-65

RECEIVED

MAR 11 1981

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

O. C. C.  
ARTESIA, OFFICE

Reason(s) for filing (Check proper box)

New Well ☒  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☒ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 5-1-81  
UNLESS AN EXCEPTION TO Rule 306

IS OBTAINED

Ex # 2-504

until Further Notice

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State B-1969, Tr. 4	Well No. 26	Pool Name, Including Formation East Empire Yates 7-R	Kind of Lease State, Federal or Fee State	Lease No. B-1969
Location Unit Letter D : 330 Feet From The North Line and 990 Feet From The West Line of Section 22 Township 17S Range 28E, NMPM, Eddy 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"/> Navajo Crude Oil Purchasing Co	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 175, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 22	Twp. 17S	Rge. 28E	Is gas actually connected? No	When

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

IV. 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"/>	Some Res'tv. <input type="checkbox"/>	Diff. Re. <input type="checkbox"/>
Date Spudded 9/30/80	Date Compl. Ready to Prod. 2/13/81		Total Depth 835'		P.B.T.D. 798'			
Elevations (DF, RKB, RT, GR, etc.) 3543 GL	Name of Producing Formation Seven Rivers		Top Oil/Gas Pay 700'		Tubing Depth 785'			
Perforations 717-728					Depth Casing Shoe 835'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10 3/4"	7"	184'	150 SXS Class "C" CMT
6 3/4"	4 1/2"	835'	250 SXS Class C CMT
	2 3/8"	785'	CMT Circ. to Pit.

V. 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 of well for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 2/13/81	Date of Test 2/14/81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure N/A	Casing Pressure 0	Choke Size N/A
Actual Prod. During Test 3	Oil-Bbls. 2	Water-Bbls. 1	Gas-MCF 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

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.

Donald Crang

(Signature)

Agent

(Title)

3/10/81

(Date)

OIL CONSERVATION COMMISSION

MAR 12 1981

APPROVED \_\_\_\_\_, 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 a 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 for all new and recompleted wells.

Fill out only Sections I, II, III, and VI for change of well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in recompleted wells.