REQUEST FOR ALLOWABLE Ellective 1-1-65 LANTAFE AND FILC AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS U.S.C.3. LAND OFFICE RECEIVED DIL THANSPORTER GAS APR 1 4 1981 DPERATOR PRORATION OFFICE O. C. D. ARTESIA; OFFICE Collier Energy, Inc. P.O. Box 798 Artesia, New Mexico 88210 Reoson(s) for liling (Check proper box) Other (Please explain) Change in Transporter of: X CASINGHEAD GAS MOST NOT BE FLARED ATTER 6-1-8 New Well Dry Gas FLARED ATTER Recompletion Condensate Casinghead Gas UNLESS AN EXCEPTION TO Fale 30 6 Change In Ownership IS OBTAINED. If change of ownership give name and address of previous owner ____ Until Fuither Notice Ex# 2-524 DESCRIPTION OF WELL AND LEASE. | Well No. | Pool Name, Including Formation State, Federal or Fee State B - 1111East Empire Yates 7-R 20 State B-1111, Tr. East 330 Feet From The North Line and 330 Feet From The Eddy Range 28 E , NMPM, Township 17. S 22 -Line of Section DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) None of Authorized Transporter of Oil X P.O. Drawer 175, Artesia, NM 88210 Navajo Crude Oil Purchasing Co. Add: err (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cosinghead Gas of Dry Gos Is gos octually connected? Sec. If well produces oil or liquids, 17 S<u>. 28</u> Νo 22 give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: Some Res'v. Diff. Re Plug Bock COMPLETION DATA New Well WOLKOVEL Oll Well Cos Well Designate Type of Completion - (X) X Х P.B.T.D. Total Depth Date Compl. Ready to Prod. 984 1000' Date Spudded 3/15/81 2/2/81 Tubing Depth Top Oil/Gos Pay Name of Producing Formation 943 944 Sevotions (DF, RKB, RT, GR, etc.) East Empire Yates -R 3714 GL Depth Casing Shoe 984 1 Jumbo Jet Kone shots 1/ft <u>944-960</u> TUBING, CASING, AND CEMENTING RECORD Perf. 17 holes 3½" SACKS CEMENT DEPTH SET CASING & TUBING SIZE CMT 70 SXS .Class C HOLE SIZE 200 8" CaCl, Circ. Circ. CMT 300 SXS Circ. 984 4 5 11 943' 7/8 3/8" (Test must be after recovery of total volume of load oil and must be equal to or exceed top of able for this depth or be for full 24 hours) 2 TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, etc.) OIL WELL Date of Test Date First New Oil Run To Tanks Pumping Cosing Pressure Choke Size 3/15/81 3/16/81 Tubing Presewe N/A Langth of Test N/A N/A 24 hrs Water - Bble. Actual Prod. During Test Oll - Bbis. TSTM 52 54 bbls Gravity of Condensate Bbla. Condensate/MMCF GAS WELL Length of Test Actual Prod. Test-MCF/D

Choke Size Cosing Presswe (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION

I. 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.

Denald Cia

(Tirle)

4/10/81 (Date)

APR 1 5 1981

SUPERVISOR, DISTRICT II TITLE -

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or da well, this form must be accompanied by a tabulation of the detasts taken on the well in accordance with MULE 111.

All sections of this form must be filled out completely for able on new and recompleted wells.

Fill out only Sections I. II. III. and VI for changes of well name or number, or transportat, or other such change of c Separate Forms C-104 must be filed for each pool in