

RECEIVED

APR 22 1982

O. C. D.
ARTESIA, OFFICE

LAND OFFICE			
TRANSPORTER	OIL <input checked="" type="checkbox"/>		
	GAS <input type="checkbox"/>		
OPERATOR			
PRORATION 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"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	CASINO GAS MUST NOT BE FLARED 6-15-82 UNLESS PERCEPTION TO Rule 306 IS OBTAINED Ex # 2-615	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>			
If change of ownership give name and address of previous owner			

II. DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease	Lease
Lease Name		#1	East Empire Yates Seven R	State, Federal or Fee	LG 5993
SRC State				State	
Location Unit Letter N : 330 Feet From The South Line and 1650 Feet From The West					
Line of Section 23		Township 17S	Range 28E	NMPM,	Eddy Cou

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		P. O. Drawer 159, Artesia, New Mexico	
Navajo Crude Oil Purchasing Company		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>			
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 23	Twp. 17S Pgs. 28E
		Is gas actually connected?	When

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reas.	Diff. R
Designate Type of Completion - (X)		X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
1-29-82	4-12-82	1000'		950'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
3674' GL	Seven Rivers	870'		884'					
Perforations				Depth Casing Shoe					
870' to 876' and 881' to 884'				NA					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12 1/4"	8 5/8' casing	275'		100 Sxs Class "C"					
7 7/8"	4 1/2" Casing	1000'		100 Sxs 3% gel					
				150 Sxs Class "C"					
				Circulated 10 Sxs to pit.					

V. 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.)	
4-15-82	4-19-82	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours		-0-	-0-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
37 bbls.	22 bbls	15 bbls	TSTM

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APR 27 1982	
APPROVED		BY	
Karen L. [Signature]		W. A. Gussitt	
Agent		TITLE SUPERVISOR, DISTRICT II	
April 21, 1982		This form is to be filed in compliance with RULE 1104.	
(Date)		If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 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 transporter, or other such change of con	
		Separate Forms C-104 must be filed for each pool in m recompleted wells.	