

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
~~Recompletion~~

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Artesia, New Mexico 2-4-59
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

R.D. Collier Gulf Well No. # 1, in NE NE
(Company or Operator) (Lease) 1/4 1/4,
A, Sec. 2, T. 17S, R. 29E, NMPM, Square Lake Pool
Unit Letter

Eddy

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

County. Eddy Date Spudded 11-23-58 Date Drilling Completed 1-21-59
Elevation 3650 Total Depth 2815 PBD

Top Oil/Gas Pay 2476 Name of Prod. Form. Grayburg San Andres

PRODUCING INTERVAL -

Perforations 2476-2482 2516-2520 2522-2526 2610-2620
Open Hole _____ Depth _____ Casing Shoe 2820 Depth _____ Tubing 2550

OIL WELL TEST -

Natural Prod. Test: 10 bbls. oil, -0- bbls water in 24 hrs, -0- min. Choke Size (bail ing)

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 47 bbls. oil, -0- bbls water in 24 hrs, -0- min. Choke Size 3/4"

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and

sand): Dowell 300# mothballs, 16 rubber balls, 750 gallons
Casing acid 80,000 lbs. Date filed 1-23-59
Press. 1160 bbls. lease crude
oil run to tanks

Oil Transporter Texas New Mexico Pipeline Company

Gas Transporter _____

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved FEL, 1959

OIL CONSERVATION COMMISSION

By: M. L. Armstrong
Title _____

By: R.D. Collier
(Company or Operator)
R.D. Collier
(Signature)

Title Owner
Send Communications regarding well to:

Name R.D. Collier

Address Box 723, Artesia, N.M.

U.S. COMMISSION ON
OFFICE

OFFICE