

5
DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
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 C-110
Effective 1-1-65

RECEIVED

DEC 10 1976

Operator
David C. Collier
Address
Box 798, Artesia, NM 88210
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)
D. C. C.
ARTESIA, OFFICE

If change of ownership give name and address of previous owner
JHC Production Company, P. O. Drawer II, Artesia, NM 88210

DESCRIPTION OF WELL AND LEASE

Lease Name
Gulf State
Section No.
1
Pool Name, including Formation
Square Lake GSA
Kind of Lease
State, Federal or Fee
State
Lease No.
B11662
Location
Unit Letter
A
990
Feet From The
North
Line and
330
Feet From The
East
Line of Section
2
Township
17S
Range
29E
NMPM,
Eddy
County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil
Texas-New Mexico Pipe Line Company
Name of Authorized Transporter of Casinghead Gas
Phillips Petroleum Company
Address (Give address to which approved copy of this form is to be sent)
P.O.Box 1510, Midland TX
Address (Give address to which approved copy of this form is to be sent)
Is gas actually connected?
When
Unit
Sec.
Twp.
Rge.
A
2
17S
29E
Yes

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

COMPLETION DATA

Designate Type of Completion - (X)
Oil Well
Gas Well
New Well
Workover
Deepen
Plug Back
Same Res.
Diff. Res.
Date Spudded
Date Compl. Ready to Prod.
Total Depth
P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)
Name of Producing Formation
Top Oil/Gas Pay
Tubing Depth
Perforations
Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE
CASING & TUBING SIZE
DEPTH SET
SACKS CEMENT

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 allowable 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.)
Length of Test
Tubing Pressure
Casing Pressure
Choke Size
Actual Prod. During Test
Oil-Bbls.
water-Bbls.
Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D
Length of Test
Bbls. Condensate/MMCF
Gravity of Condensate
Testing Method (pitot, 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.

Agent
(Signature)

December 10, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED
DEC 13 1976
BY
W. A. Grossart
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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.