

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion
~~XXXXXXXXXX~~

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 QUADRUPLICATE 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

3-2-59

(Place)

(Date)

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

R.D. Collier

Gulf State

Well No. # 2, in NE $\frac{1}{4}$ SE $\frac{1}{4}$,

(Company or Operator)

(Lease)

1

Sec. 2

T. 17

R. 29

NMPM,

Square Lake

Pool

Unit Letter

Edgy

County. Date Spudded 1-28-59

Date Drilling Completed 2-23-59

Please indicate location:

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

2200 600E

Tubing, Casing and Cementing Record

Size	Feet	Size
<u>8 5/8"</u>	<u>518</u>	<u>50</u>
<u>4 1/2"</u>	<u>2660</u>	<u>100</u>

Elevation _____ Total Depth 2660 PBTD 2660

Top Oil/Gas Pay 2475 Name of Prod. Form. Premier

PRODUCING INTERVAL -

Perforations 2610-2618 2511-2521 2475-2479

Open Hole 0 Depth 2660 Casing Shoe 2660 Depth 2660 Tubing 2660

OIL WELL TEST -

Natural Prod. Test: 18 gallons 0 bbls water in 1 hrs, 0 min. Size open

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 43 bbls, oil, 0 bbls water in 24 hrs, 0 min. 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): Halliburton 20,000 # sand and 20,000 gallons oil

Casing 2800 Tubing _____ Date first new _____
Press. _____ oil run to tanks 3-1-59

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 _____, 19____

R.D. Collier

(Company or Operator)

By: _____
(Signature)

OIL CONSERVATION COMMISSION

By: ML Armstrong

Title Owner

Send Communications regarding well to:

Title _____

Name R.D. Collier

Address Box 798, Artesia, N.M.

DECLASSIFICATION AUTHORITY DERIVED FROM:
FBI AUTOMATIC DECLASSIFICATION GUIDE
DATE 08-28-2014

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator R.D.Collier Lease Gulf State
Well No. # 2 Unit Letter I S 2 T 17 R 29 Pool Square Lake
County Eddy Kind of Lease (State, Fed. or Patented) State
If well produces oil or condensate, give location of tanks: Unit I S 2 T 17 R 29
Authorized Transporter of Oil or Condensate Texas New Mexico Pipeline Company
Address Midland, Texas
(Give address to which approved copy of this form is to be sent)
Authorized Transporter of Gas _____
Address _____
(Give address to which approved copy of this form is to be sent)
If Gas is not being sold, give reasons and also explain its present disposition:

T.S.T.M.

Reasons for Filing: (Please check proper box) New Well (X)
Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()
Change in Ownership () Other ()
Remarks: _____
(Give explanation below)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the _____ day of _____ 19 _____

By R.D. Collier

Approved MAR 2 1959 19 _____

Title Owner

OIL CONSERVATION COMMISSION

Company R.D.Collier

By M.L. Armstrong

Address Box 798, Artesia, N.M.

Title _____

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

COMPANY _____

(Address)

R.D. Collier

Box 798,

Artesia, N.M.

LEASE _____ WELL NO. _____ UNIT _____ S _____ T _____ R _____

DATE WORK PERFORMED **Gulf State** _____ # **2** POOL **1** **2** **17** **29**

This is a Report of: (Check appropriate block) ☐ **Square Lake** ☐ **Rest of Casing Shut-off**

☐ Beginning Drilling Operations

☐ Remedial Work

☐ Plugging

☒ Other **4 1/2"**

Detailed account of work done, nature and quantity of materials used and results obtained.

**Ran 2660 feet New 11.60# 4 1/2" casing.
Cemented with 100 Sacks Halliburton
Obtained water shut off.**

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:

DF Elev. _____ TD _____ PBD _____ Prod. Int. _____ Compl Date _____

Tbng. Dia _____ Tbng Depth _____ Oil String Dia _____ Oil String Depth _____

Perf Interval (s) _____

Open Hole Interval _____ Producing Formation (s) _____

RESULTS OF WORKOVER:

BEFORE

AFTER

Date of Test _____

Oil Production, bbls. per day _____

Gas Production, Mcf per day _____

Water Production, bbls. per day _____

Gas-Oil Ratio, cu. ft. per bbl. _____

Gas Well Potential, Mcf per day _____

Witnessed by _____

(Company)

OIL CONSERVATION COMMISSION

Doug Fryman

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

Name **ML Armstrong**

Name **R. D. Collier**

Title _____

Position _____

Date **MAR 2 1956**

Company _____

Owner

R.D. Collier