

REQUEST FOR (OIL) - (~~NEW~~ 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 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 April 11, 1959
(Place) (Date)

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

R.D. Collier Gulf State, Well No. # 3, in SW 1/4 NE 1/4,
(Company or Operator) (Lease)
G 2, Sec. 2, T. 17, R. 29, NMPM, Square Lake Pool
Unit Letter Eddy
County. Date Spudded 3-7-59 Date Drilling Completed 4-4-59

Please indicate location:

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

1750 N - 1650 E

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8 5/8</u>	<u>527</u>	<u>50</u>
<u>5 1/2</u>	<u>2620</u>	<u>100</u>

Elevation 3652 Total Depth 2620 PBTD
Top Oil/Gas Pay 2454 Name of Prod. Form. Grayburg - San Andres

PRODUCING INTERVAL -

Perforations 2605-2591 2508-2504 2498-2494 2462-2454
Open Hole Depth 2618 Casing Shoe 2618 Depth 2618 Tubing

OIL WELL TEST -

Natural Prod. Test: 10 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size ballin Choke
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 37 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 3/4" Choke

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): 40,000# sand 24,000 gallons lease crude

Casing 4-11-59 Tubing 4-11-59 Date first new
Press. 4-11-59 Press. 4-11-59 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: _____, 19____

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title _____

R.D. Collier

(Company or Operator)

By: R.D. Collier
(Signature)

Title Owner

Send Communications regarding well to:

Name R.D. Collier

Address Box 921, Artesia, N.M.