

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	1
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-111
Effective 1-1-65

RECEIVED

SEP 28 1977

TA

Operator Collier & Collier		O. C. C.	
Address P. O. Box 798		Artesia, NM 88210	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter of ☐		
Recompletion ☐	Oil ☐	Dry Gas ☐	
Change in Ownership ☒	Casinghead Gas ☐	Condensate ☐	

If change of ownership give name and address of previous owner **David C. Collier**

DESCRIPTION OF WELL AND LEASE		Lease No.	
Lease Name Gulf State	Well No. 3	Pool Name, including Formation Square Lake G-3A	Kind of Lease State, Federal or Fee State B
Location		11662-0	
Unit Letter B	660	Feet From The North	Line and 1650
Line of Section 2		Township 17S	Range 29E , NMPM, Eddy County

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 ☐ or Condensate ☐	Texas New Mexico Pipeline Co.	Box 1510 Midland, Tx	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Phillips Petroleum Co.	4th & Washington Odessa, Tx	
If well produces oil or liquids, give location of tanks.	Unit A Sec. 2 Twp. 17 Rge. 29	Is gas actually connected? Yes	When

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'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.							
Elevations (DF, RKB, RT, CR, 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 Post 10-3
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF 10-3

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

I. 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.		APPROVED OCT 13 1977	
Maria Sifuentes (Signature)		BY W. A. Gressett	
Agent		TITLE SUPERVISOR, DISTRICT II	
9-28-77 (Date)		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 deviated points 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 conditions.	