

NO. OF OPERATING WELLS	
NO. OF PRODUCTION WELLS	
SANTA FE	1
FILE	1
U.S.D.A.	
LAND OFFICE	
TRANSPORTER	1
OIL	
GAS	
OPERATION	1
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED
APR 15 1982

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
O. C. D.
ARTESIA, OFFICE

Operator
Collier Energy, Inc. ✓
Address
P. O. Box 798, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLAMED AFTER 6-1-82 UNLESS AN EXCEPTION TO Rule 30.6 IS OBTAINED Ex # 2-612
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner	

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lease Name	Eagle State	#1	Grayburg Jackson	State, Federal or Fee State	E-4201
Location	Unit Letter P : 660 Feet From The South Line and 660 Feet From The East				
Line of Section	33	T. township	17S	Range	29E, NMPM, Eddy County

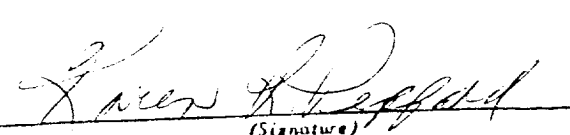
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					P. O. Box 2587, Hobbs, New Mexico 88240	
Conoco, Incorporated					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	33	17S	29E		

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
(X)		X		X		
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
July 27, 1982	March 2, 1982	2875'		2816'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
3529' GL	Grayburg	2621'		2633'		
Perforations				Depth Casing Shoe		
2621' - 2633'; 2631' to 2633'				2816		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" casing	378'	200 Sxs Class "C"
7 7/8"	4 1/2" casing	2816'	400 Sxs 3% gel
			300 Sxs Class "C"
	2 3/8" EUE	2633'	

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 all able 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.)	
March 8, 1982	April 2, 1982	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hours	-0-	-0-	-0-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
21 Bbls	14	7	TSTM

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
	
Agent	(Title)
April 14, 1982	(Date)

OIL CONSERVATION DIVISION	
APR 26 1982	
APPROVED	19
BY	W. A. Gressett
TITLE	SUPERVISOR, DISTRICT II
This form is to be filed in compliance with RULE 1101.	
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for all able on new and recompleted wells.	
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.	
Separate Forms C-104 must be filed for each pool in multi-completed wells.	