

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
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Page 1

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**RECEIVED BY CONSERVATION DIVISION**  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501  
JAN 9 1986  
O. C. D. REQUEST FOR ALLOWABLE  
ARTESIA, OFFICE AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I. Operator**  
Colter Operating Company ✓  
**Address**  
206 North Main, Midland, TX 79701  
**Reason(s) for filing (Check proper box)**  
☒ New Well ☐ Recompletion ☐ Change in Ownership  
**Change in Transporter of:**  
☐ Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate  
**Other (Please explain)**  
CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 2-20-86  
UNLESS AN EXCEPTION FROM  
THE RULE IS OBTAINED  
If change of ownership give name  
and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

<b>Lease Name</b> Holly B Federal	<b>Well No.</b> 1	<b>Pool Name, including Formation</b> Square Lake GB-SA	<b>Kind of Lease</b> State, Federal or Fee Federal	<b>Lease No.</b> NM 53377
<b>Location</b> Unit Letter <u>M</u> : <u>990</u> Feet From The <u>South</u> Line and <u>830</u> Feet From The <u>West</u> Line of Section <u>4</u> Township <u>17S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

<b>Name of Authorized Transporter of Oil</b> <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation Permian (CH 9/1/87)	<b>Address (Give address to which approved copy of this form is to be sent)</b> P.O. Box 1183 Houston, TX 77001
<b>Name of Authorized Transporter of Casinghead Gas</b> <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	<b>Address (Give address to which approved copy of this form is to be sent)</b>
<b>If well produces oil or liquids, give location of tanks.</b> Unit <u>M</u> Sec. <u>4</u> Twp. <u>17S</u> Rge. <u>30E</u>	<b>Is gas actually connected?</b> No <b>When</b> As Soon As Possible

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

NOTE: Complete Parts IV and V on reverse side if necessary.

**VI. 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 is true and complete to the best of my knowledge and belief.

M. Colter  
(Signature)  
Agent  
(Title)  
1-8-86  
(Date)

**OIL CONSERVATION DIVISION**  
JAN 16 1986  
APPROVED \_\_\_\_\_, 19 \_\_\_\_\_  
BY \_\_\_\_\_ Original Signed By  
Les A. Clements  
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.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-31-85	Date Compl. Ready to Prod. 12-4-85	Total Depth 3080		P.B.T.D. 3050					
Elevations (DF, RKB, RT, GR, etc.) 3704 GR	Name of Producing Formation San Andres, Grayburg	Top Oil/Gas Pay 2737		Tubing Depth 2950					
Perforations 2737-3045				Depth Casing Shoe 3080					

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	345	300
7 7/8	5 1/2	3080	600
	2 3/8	2950	

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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 12-9-85	Date of Test 1-4-85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 25	Casing Pressure 25	Choke Size --
Actual Prod. During Test 19.0	Oil - Bbls. 19.0	Water - Bbls. 0	Gas - MCF 15

#### 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