

STATE OF NEW MEXICO	
DEPARTMENT OF ENERGY	
LAND OFFICE	
FILE	
U.S.D.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 20111

SANTA FE, NEW MEXICO 87501

RECEIVED

MAY 23 1984

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator
Collier Energy, Inc.Address
P.O. Drawer R Artesia, New Mexico 88210

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)

If change of ownership give name
and address of previous owner

Collier & Collier

P.O. Box 798, Artesia, N.M. 88210

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
Kissinger	#1	Atoka SA	State, Federal or Fee	Fee

Location
Unit Letter C : 330 Feet From The North Line and 2310 Feet From The West
Line of Section 10 Township 18s Range 26e, NMPM, Eddy Co.

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
KOCH OIL COMPANY	P. O. Box 1558, Breckenridge, Texas 76024
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? 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	Some Rest'v.	Diff. R.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAB, 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 c.
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.)	Post test 3 5-25-84 No. 27
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (spot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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.

Production Clerk

May 10, 1984

OIL CONSERVATION DIVISION

MAY 24 1984

APPROVED _____, 19

BY ORIGINAL SIGNED
BY LARRY BROOKS
GEOLOGIST - NMOCTITLE _____
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep
well, this form must be accompanied by a tabulation of the data
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 ow
well name or number, or transporter, or other such change of condit
Separate Form C-104 must be filed for each pool in multi