

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

NEW MEXICO OIL CONSERVATION COM. ION
REQUEST FOR ALLOWABLE
RECEIVED
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

JAN 10 1977

O. C. C.
ARTESIA, OFFICE

Operator
DAVID C. COLLIER ✓

Address
BOX 798. ARTESIA, NEW MEXICO 88210

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Well was TH in 1954

REQUEST FOR ALLOWABLE

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name MALCO	Well No. 1	Pool Name, including Formation EMPIRE	Kind of Lease State, Federal or Fee FED.	Lease No. LC 065478B
Location Unit Letter A, 330 North 330 East Feet From The Line and Feet From The Line of Section 3 Township 18 S Range 27 E, NMPM, EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> NAVAJO REFINING CO. PIPELINE DIVISION	Address (Give address to which approved copy of this form is to be sent) NORTH FREEMAN AVE., ARTESIA, NM	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 A	Sec. 3 Twp. 18 Rge. 27 Is gas actually connected? no When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded OCTOBER 22, 1954	Date Compl. Ready to Prod. SEPT 23, 1954	Total Depth 442	P.B.T.D. 427					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation 7 RIVERS	Top Oil/Gas Pay 427	Tubing Depth 420					
Perforations OH-427-42	Depth Casing Shoe 427							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
6 1/2"	5 1/2 171b	427	15
	2 3/8"	420	

V. 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 JULY 3, 1976	Date of Test JULY 4, 1976	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 2 brls.	Oil-Bbls. 2 brl.	Water-Bbls. -0-	Gas-MCF T.S.T.M.

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

VI. CERTIFICATE OF COMPLIANCE

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.

(Signature)

PARTNER

(Title)

JAN 10 1977

(Date)

OIL CONSERVATION COMMISSION

JAN 10 1977

APPROVED _____, IS _____

BY N. A. Gressett

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 allowables on new or re-completed 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.