

DISTRIBUTION		
NTA FE	1	
ILE	1	✓
U.S.G.S.		
AND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		1
PRORATION OFFICE		

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

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

Operator	Collier Energy Inc. ✓	RECEIVED
Address	P.O. Box 798 Artesia, NM 88210	JUN 24 1980
Reason(s) for filing (Check proper box)	Other (Please explain)	O. C. D. ARTESIA, OFFICE
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner Collier & Collier P.O. Box 798 Artesia, NM 88210		

II. DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name	Well No.	State, Federal or Fee	Federal LC
Malco SA	2		065478-1
Pool Name, including Formation			
Red Lake Queen Grayburg SA			
Location	1320 1257.6		
Unit Letter	A	143.6	320 Feet From The North Line and
Line of Section	3	Township	18 Range 27, NMPLA, Eddy County

III. 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"/>		N. Freeman, Artesia, NM 88210	
Navjo Refining Company Pipe Line Div.		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.
	A	3	18
			27
			No
Is gas actually connected? When			

IV. COMPLETION DATA		If this production is commingled with that from any other lease or pool, give commingling order number:	
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
			Workover
			Deepen
			Plug Back
			Same Res'tv.
			Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, 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

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test			
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)	
Agent	
(Title)	
July 1, 1980	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED	JUL 1 1980
BY	Mike Williams
TITLE	OIL AND GAS INSPECTOR
This form is to be filed in compliance with RULE 1104.	
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for all wells on new and recompleted wells.	
Fill out only Sections I, II, III, and VI for changes of 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.	