

NO OF SPOTS DESIGNED		
DISTRIBUTION		
SANITARY		✓
WATER		✓
W.C.S.		✓
LAND OFFICE		
TRANSFER	OIL	
	GAS	
OPERATION		✓
PRODUCTION OFFICE		
OTHERS		

RECEIVED BY

MAY 23 1984

O. C. D.
ARTESIA, OFFICE

Collier Energy, Inc.

P.O. Drawer R Artesia, New Mexico 88210

Other (Please explain)

TH

If change of ownership give name and address of previous owner Collier & Collier P.O. Box 798, Artesia, New Mexico 88210

DESCRIPTION OF WELL AND LEASE				
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease State, Federal or Free State	Lease No.
Welch State	#1	Artesia Q-GR-SA		647
Location				
Unit Letter <u>K</u> : <u>1570</u> Feet From The <u>South</u> Line and <u>1570</u> Feet From The <u>West</u>				
Line of Section <u>17</u> Township <u>18S</u> Range <u>28E</u> NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		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 <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	Sec.	Twp.
		K	17	18
				28
		Is gas actually connected?		When.

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Rest'v.	Diff. F
Date Spudded	Date Compl. Ready to Prod.	Total Depth					P.B.T.D.		
Elevations (DF, RKB, 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 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil- Bbla.	Water- Bbla.	Gas- MCF

Post. ID-3
5-25-94
Chg. Op.

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (lbwt-in)	Coasting Pressure (lbwt-in)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
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.		APPROVED _____	MAY 24 1984 _____
		BY _____	ORIGINAL SIGNED BY LARRY BROOKS GEOLOGIST - NMOC
		TITLE _____	
		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 dev tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for 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 conditions. Form 1104 must be filled for each pool in an	