

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
RECEIVED

JUL 24 1980

O. C. D.
ARTESIA, OFFICE

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LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 4
OPERATOR	1
PRORATION OFFICE	

Operator COLLIER & COLLIER	
Address P. O. Box 798, Artesia, New Mexico 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Return to producing. No new zone completed.

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Welch State	Well No. 6	Pool Name, Including Formation Artesia Queen Grayburg-SA	Kind of Lease State, Federal or Fee	State State	Lease No. 647
Location Unit Letter J : 2390 Feet From The South Line and 2390 Feet From The East					
Line of Section 17 Township 18S Range 28E, NMPM, Eddy County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 175, Artesia, New Mexico 88210
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 J Sec. 17 Twp. 18 Rge. 28 Is gas actually connected? No 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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 11-12-25	Date Compl. Ready to Prod. 1-8-26	Total Depth 2515'	P.B.T.D. 2156'
Elevations (DF, RKB, RT, GR, etc.) 3622GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 2040'	Tubing Depth 1815'
Perforations 2040-2050, 2140-2156			Depth Casing Shoe 2485'

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	10"	305'	
	8 1/4"	570'	
	2 3/8"	1815'	

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 7/10/80	Date of Test 7/11/80	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure N/A	Casing Pressure None	Choke Size N/A
Actual Prod. During Test 25 1/2	Oil - Bbls. 25	Water - Bbls. 1/2	Gas - MCF TSTM

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

I. 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.

Rhonda Parrish
(Signature)

Secretary

(Title)

7-23-80

(Date)

OIL CONSERVATION COMMISSION

JUL 25 1980

APPROVED _____, 19__

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 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 c.
Separate Forms C-104 must be filed for each pool in recompleted wells.