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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	1
PRODUCTION OFFICE	

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

Form C-104
Superseding Old C-104 and C-1
Effective 1-1-65

SEP 29 1977

FA

Operator
Collier & Collier ✓

Address
P. O. Box 798 Artesia, NM 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)

If change of ownership give name and address of previous owner **David C. Collier P.O.Box 798 Artesia, NM**

DESCRIPTION OF WELL AND LEASE

Lease Name Adkins Williams St.	Well No. 5	Pool Name, including Formation Artesia Q-G-SA	Kind of Lease State, Lease or Fee	Lease No. 647
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Location
Unit Letter **O** ; **250** Feet From The **South** Line and **1570** Feet From The **East**
Line of Section **17** Township **18S** Range **28E** , NMNM, **Eddy** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ TA	Address (Give address to which approved copy of this form is to be sent)
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
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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	Same Res't.	Diff. Res't.
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Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Ratio 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
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TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be of 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.	Gen. Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Units: Condensate, MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (psia)	Casing Pressure (psia)	Choke Size

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.

Agent
9-28-77
(Date)

OIL CONSERVATION COMMISSION
APPROVED **OCT 13 1977**
BY **W. 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 copy of the well log, as attached on the well log record, and a copy of the well log.
All entries on this form must be filled out completely for all entries on the well log.
Fill out only Sections I, II, III, and VI for changes of ownership, name of owner, or transporter, or other such change of conditions.