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NEW MEXICO OIL CONSERVATION COMMISSION  
**RECEIVED BY**  
**REQUEST FOR ALLOWABLE**  
**AND**  
**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**  
**JUL 14 1986**  
**O. C. D.**  
**ARTESIA OFFICE**

Form C-104  
 Supersedes Old C-104 and C-111  
 Effective 1-1-85

I. Operator Collier and Collier  
 Address P. O. Box 481, Artesia, NM 88211-0481  
 Reason(s) for filing (Check proper box)  
 New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
 Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
 Change in Ownership ☒  
 If change of ownership give name and address of previous owner Allen Energy, Inc. R  
Mexico, Inc., P. O. Box 481, Artesia, NM 88210

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Gulf State</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Artesia-G-SA</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-11595</u>
Location Unit Letter <u>'O</u> : <u>990</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>23</u> Township <u>18S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> 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"/> <u>Navajo Refinery</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Drawer 159, Artesia, NM 88210</u>
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. Rge. Is gas actually connected? When <u>J 23 18S 28E No</u>

## 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.	Diff. Res.
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
			<u>Post ID-3</u>
			<u>7-18-86</u>
			<u>Chg op</u>

## 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

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.

Rebecca J. Olson  
 (Signature)  
Production Clerk  
 (Title)  
July 14, 1986  
 (Date)

OIL CONSERVATION COMMISSION  
 APPROVED JUL 16 1986, 19\_\_\_\_\_  
 BY Original Signed By  
Les A. Clements  
 TITLE \_\_\_\_\_

This form is to be filed with the State Engineer's Office, Division 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 allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of casing, well name or number, or transporter, or other such change of data.

Separate Forms C-104 must be filed for each pool in multiple.