	NO. OF COPILO RECEIVED	RECEIVED AXEXICO DIL C		Form C-104	
	SANTA FE           'FILE           U.S.G.S.	AUTHORIZATION TO TR/	FOR ALLOWABLE AND NNSPORT OIL AND NATURAL	Superardes Old C-104 and C-111 Elfocition 1-1-65 GAS	
	LAND OFFICE	O. C. D. MIESIA, OFFICE	-		
1.	GAS POPERATOR	Ö. C. D.			
	Operator Chilkat, Inc.				
	Address P.O. Box 343, Artesia, N.N. 88210				
	Reason(s) for filing (Check proper box;' New Well Change in Transporter of:				
	Recompletion     Oil     X     Dry Gas       Change in Ownership     X     Condensate				
	If change of ownership give name Collier Energy Inc. P.O. Box 798 Artesia. N.M. 88210				
п.	II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.				
	Toomey Allen	9 Artesia, Q-G-S	A State, Føder	al or Fee State 647	
Ň	Unit Letter				
	Line of Section 28 Township 18S Range 28E , NMPM, Eddy County				
II.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	ER OF OIL AND NATURAL GA	S Address (Give address to which appro	oved copy of this form is to be sent)	
	Navajo Refining Co. Pi	pe Line Div.	P.O. Drawer 175, Artes Address (Give address to which appro		
	Name of Authorized Transporter of Cas Phillips Pet. Co.	inghead Gas 🚺 or Dry Gas 🚺		, Bartlesville, OK. 74004	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. P 28 18 28	Ts gas actually connected? Wh Yes i	4-19-83	
If this production is commingled with that from any other lease or pool, give commingling order number:					
. • •	Designate Type of Completio	n = (X)	Now Well Workover Deepen	Plug Back Same fies'v. Diff. Res'v.	
	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	
1	Perforations			Depth Casing Shoe	
			D CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE		Port TO. 3	
				Chy 0p	
			(in the provide the providence of load all	and must be equal to or excited top alicu-	
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to cr exceed top allow- able for this depth or be for full 24 hours) DIL WELL Deteof Test Producing Method (Flow, pump, gas lift, etc.)				
	Date First New Oll Run To Tanks			Choke Size	
	Longth of Tool	Tubing Pressure	Casing Pressure		
	Actual Prod. During Teel	Oil-Bble.	Water - Bbls,	Gae-MCF	
	GAS WELL		•		
	Actual Frod, Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing kiethod (pitot, back pr.)	Tubing Pressue (Shut-iu)	Casing Presswe (Shut-in)	Choke Size	
VI. CERTIFICATE OF COMPLIANCE I hereby cortify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			OIL CONSERVATION COMMISSION		
			APPROVED JUN 9 1986		
	Commission have been complied w above is true and complete to the	best of my knowledge and belief.	BYLes A. Clements		
	5/ 160	1XT .	TITLE <u>Supervisor District 44</u> This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly diffed or deepend 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 allow- able on new and recompleted valls. Fill out only Sections I, II. III, and VI for changes of events.		
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•	Sec/ Seasu				
	5-28-86				
	(Da	(Da.e)			