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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-101 and C-11
Effective 1-1-65

Operator	Collier & Collier
Address	P. O. Box 798 Artesia, NM 88210
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☒	Casinghead Gas ☐ Condensate ☐

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

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Adkins Williams St.	7	Artesia Q-G-SA	State, Artesia	647
Location	Unit Letter	Feet From The	Line and	Feet From The
	P	330	South	990
	Line of Section	Township	Range	County
17	18S	28E	Eddy	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Injection Well						
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

COMPLETION DATA						
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.D.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 lost 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/MCF	Gravity of Condensate
Testing Method (puck, back pr.)	Tubing Pressure (lb/in ² -in)	Casing Pressure (lb/in ² -in)	Choke Size

CERTIFICATE OF COMPLIANCE	
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 <i>[Signature]</i>	
9-28-77 (Date)	

OIL CONSERVATION COMMISSION	
OCT 13 1977	
APPROVED	19
BY <i>[Signature]</i>	
TITLE SUPERVISOR, DISTRICT II	
This form is to be filed in compliance with RULE 1104.	
If this be a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the available formation in the well in accordance with RULE 111.	
All sections of this form must be filled out completely for all wells except a 1/2 mile well.	
Fill out only Sections I, II, III, and VI for change of owner, well name, or location, or transporter, or other such change of conditions.	