STATE OF NEW MEXICO RGY AND MINERALS DEPARTMENT		ATION DIVISION	Form C-104 Revised 10-1-78	
	P. O. BOX 2088 SANTA FE, NEW MEXICO 87501		RECEIVED BY	
LAND OFFICE REQUEST FOR ALLOWABLE		MAY 01 1984		
TRANSPORTER OIL OAS	AND			
OPERATION PRONATION OFFICE Operator	AUTHORIZATION TO TRAN	SPORT UIL AND NATURAL GAS	Q. C. D. ARTELIAN, OMPICE	
Fred Pool Operatin	g Company 🖌			
Post Office Box 13	93, Roswell, New Mexi	co 88201		
Reason(s) for filing (Check proper b New Well	ox) Change in Transporter of:	Other (Please explain)		
Recompletion		<b>F</b>		
Change in Ownership X		ensate [_]		
If change of ownership give name and address of previous owner	Collier & Collier,	POB 798, Artesia, Ne	ew Mexico 88210	
DESCRIPTION OF WELL AND	D LEASE	Formation Kind of Le	ase Lease No.	
Adkins Williams St		Circle Field	eral or Foo State 647	
	30 Feel From The South L	les and 0.00 Feet Fee	m The East	
Line of Section 17 T	mship 185 Range	28E , NMPM,	Eddy County	
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G	AS Address (Give address to which app	proved copy of this form is to be sent)	
Injection Well	Casinghead Gas or Dry Gas	Address (Give address to which ap	proved copy of this form is to be sent)	
Ache of Authonized Hansporter of C				
If well produces oil or liquids, give location of tanks,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
COMPLETION DATA Designate Type of Complet	i	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'	
Date Spuddød	Date Compl. Ready to Prod.	Toici Depth	P.B.1.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations	,,		Depth Casing Shoe	
	TUBING, CASING, AN	ID CEMENTING RECORD		
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST I OIL WELL	able for this d	lepth or be for full 24 hours)	bil and must be equal to or exceed top allo	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.) Post. 90-3 5-4-84	
Length of Teet	Tubing Pressure	Casing Pressure	Choke Size chy. Of.	
Actual Prod. During Teat	Oil-Bhla.	Water-Bbls.	Gas-MCF	
GAS WELL	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
Keleal Piba. 1001-Mer/D				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIAN	¢CE	OIL CONSERV	ATION DIVISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED MAY 0 2 1984 Original Signed By BY Islie A. Clemonty		
	$\sqrt{c0}$	This form is to be filed in this is a request for all	n compliance with MULE 1104. owable for a newly drilled or despens	
(Signotwe) Land Manager		well, this form must be accompanied by a tabulation of the deviati- tests taken on the well in accordance with AULE 111.		
J Land Manager (Tule)		All sections of this form a able on new and recompleted	must be filled out completely for allo- wells.	
4/27/84 (Date)		Fill out only Sections 1, 11, 111, and VI for changes of owner well name or number, or transporter, or other such change of condition		
. ja		Separate Forma C-104 m completed wella.	ust be filed for each pool in multip	



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