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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

FEB 16 1976

I. Operator David C. Collier O. C. C.
Address Box 798, Artesia, NM 88210 ARTESIA, OFFICE

Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of: ☐ Order R-5153
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ Change from Inj. to Oil

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Welch State</u>	Well No. <u>7</u>	Pool Name, Including Formation <u>Artesia Q. G. SA.</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>647</u>
Location Unit Letter <u>K</u> ; <u>1330</u> Feet From The <u>South</u> Line and <u>1330</u> Feet From The <u>West</u> Line of Section <u>17</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 Refining Co., Pipe Line Div.</u>	Address (Give address to which approved copy of this form is to be sent) <u>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 <u>J</u>	Sec. <u>17</u>	Twp. <u>18S</u>	Rge. <u>28E</u>	Is gas actually connected? <u>No</u>	When _____

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>21 March 1964</u>	Date Compl. Ready to Prod. <u>15 April 1964</u>		Total Depth <u>2310</u>		P.B.T.D. <u>2294</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3110GL</u>	Name of Producing Formation <u>Grayburg</u>		Top Oil/Gas Pay <u>-2275 1991</u>		Tubing Depth _____			
Perforations <u>1991-2270</u>					Depth Casing Shoe _____			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12"</u>	<u>10"</u>		<u>237</u>					
<u>10"</u>	<u>8 5/8"</u>		<u>537</u>		<u>50 sx</u>			
<u>8"</u>	<u>4 1/2"</u>		<u>2310</u>		<u>150 sx</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 <u>20 Jan. 1976</u>	Date of Test <u>22 Jan. 1976</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <u>4 Bbls.</u>	Oil - Bbls. <u>2 Bbls</u>	Water - Bbls. <u>2 Bbls.</u>	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Gerald C. Wilcox
(Signature)

Agent

(Title)

February 13, 1976

(Date)

OIL CONSERVATION COMMISSION

FEB 16 1976

APPROVED _____, 19____

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 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 owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.