	REQUEST F				NSERVATION COMMISSION OR ALLOWABLE AND			Poim C+104 Superaedca Uld C+104 and C+ Etlocitvo 1+1+65		
U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							AS ECEIVED			
	IRANSPORTER GAS		DEC 1 8 1980							
•					O. C. D.					
	Collier Energy, Inc. / ARIES, A. OSSRE									
	Address Nov Mexico 88210									
	Reason(s) for tiling (LARCK proper box)									
	Casinghead Gas TN 1455									
	Change in Ownership give name IS OBTAINED If change of ownership give name Ex # 2-473 Until Further Netice									
ſ	DESCRIPTION OF WELL AND L	EASE.	o. Pool Name, Including Fo	ormalion		Kind of Lease	,	Lease No.		
••	Lesse Name	# 1	Artesia Q		irg S-A	State, Federal	or Foo State	647		
••	Location Unit Letter_L; 2310			FeetFrom 1	TheW					
			•	8-E	, NMPN	. Eddy		County		
. .				s	· · ·					
1.	Transporter of Unit	ESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			Address (Give address to which approved copy of this form is to be sent) P.O. Box 175, Artesia, New Mexico 88210					
	Navajo Crude Oil funchesing Ca Navajo Crude Oil funchesing Ca Nome of Authorized Transporter of Casinghead Gas () or Dry Gas			Address (Give address to which approved copy of this form is to be sent)						
	None of Authorized Transporter of Cas.	Inglieda Oop			ctually connect	ed 7 Who	n			
_	If well produces oil or liquids, L 33 18 28				No					
	If this production is commingled with that from any other lease or pool, give commingling order number									
V	COMPLETION DATA Oil Well Gas Designate Type of Completion - (X) X			New Wel		 		, , ,		
	Date Spudded	Date Comp	1. Ready to Prod.	Total De 287	•		р.в.т.р. 2600'			
	5-22-80		6-80 roducing Formation	Top Oil	Gas Pay		Tubing Depth			
	Elevations (DF, RKB, RT, CR, etc.) 3534.0 GL	San A		2032	2'-2042'		2057 ¹ Depth Casing Shoe			
	Perforations					2828'				
	2032 -2551	TUBING, CASING, AND			DEPTH S	ET	SACKS CE			
	HOLE SIZE	8 5	NG & TUBING SIZE	3	70'		175 SXS-4yds	s Ready Mix		
				28	32'		375 SXS-6 1	/2 yds		
	7 "	$\begin{array}{c c} 4 \\ - & 4 \\ 2 \\ 3 \end{array}$	/2"/8"	25			1			
v	. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to on able for this depth or be for full 24 hours)									
•	OIL WELL Date of Test				ng Method (Flo	f1, e1c.)	• ,			
	9-17-80	9-18 Tubing Pr	3-80		mping Pressure		Choke Size			
	Length of Teel 24 hrs	N/A		1	#		N/A Gas-MCF	: م مستخدم میں م		
	Actual Prod. During Test	он-вы. 20		Water - E	0-		TSTM	1 d		
	20 20							1.		
	GAS WELL Actual Prod. Tool-MCF/D	Length of	ength of Test		ondensate/MM	CF	Gravity of Condensati	•		
	Teeling Method (pitot, back pr.)	Tubing Pr	••••w• (shut-in)	Casing	Pressure (5bu	t-in)	Choke Size			
					OIL CONSERVATION COMMISSION					
ľ	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.				BYSUPERVISOR, DISTRICT II					
				I TITL	.E			E 1104.		
	O OD PARA				This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or dee					
	Donald R Cray (Signature) President (Title)				well, this form must be accordance with RULE 111. tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for u able on new and recompleted wells.					
		<u>80</u> hute)		well	Fill out only Sections I, II, III, and Vi to change of the well name or number, or transporter, or other such change of the Separate Forms C-104 must be filed for each pool in the section of the sectio					