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O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES SPECIFIED	
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SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator

Collier Energy, Inc. ✓

Address

P.O. Box 798 Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

New Well ☒

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Toomey Allen	Well No. #10	Pool Name, Including Formation Artesia Queen Grayburg-SA	Kind of Lease State, Federal or Fee State	Lease No. QG 647
Location Unit Letter <u>P</u> ; <u>330</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>28</u> Township <u>18-S</u> Range <u>28-E</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"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 175 Artesia, N.M. 88210
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 Sec. Twp. Rge. P 28 18 28
Is gas actually connected?	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res
			X					
Date Spudded 9-25-82	Date Compl. Ready to Prod. 10-29-82	Total Depth 2900'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc., 3552'	Name of Producing Formation San Andres	Top Oil/Gas Pay N/A	Tubing Depth 2827					
Perforations 2730', 31, 32, 46, 47, 48, 49, 50, 57, 58, 59, 60, 61, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, & 2794'	Depth Casing Shoe 2901							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	535	350 sxs. of Class "C" 2 CaCl
7 7/8	4 1/2	2870	200 sxs of Halliburton lite & 350 sxs of Clas

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 all
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 10-29-82	Date of Test 10-29-82	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure	Choke Size (A)
Actual Prod. During Test 12	Oil-Bbls. 12	Water-Bbls. 120	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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
Division have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.

Production Clerk

12-15-82

(Signature)

(Title)

(Date)

OIL CONSERVATION DIVISION

DEC 30 1982

APPROVED _____, 19

BY

OIL AND GAS INSPECTION

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper
well, this form must be accompanied by a tabulation of the deviat
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own
well name or number, or transporter, or other such change of condit

Separate Forms C-104 must be filed for each pool in multi