

SANTA FE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>	<input type="checkbox"/>
TRANSPORTER	OIL <input checked="" type="checkbox"/>	GAS <input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>	<input type="checkbox"/>

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
DEC 08 1983
O. C. D.
ARTESIA, OFFICE

I. Operator Collier & Collier
Address P.O. Box 798, Artesia, New Mexico 88210
Reason(s) for filing (check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) **CASINGHEAD GAS MUST NOT BE FLARED AFTER 2-13-84 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED.**
Ex #2-672 until 5/12/84
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name Gilmore State Well No. #2 Pool Name, including Formation Artesia Q GR SA Kind of Lease State Loc L-38
Location
Unit Letter N : 405 Feet From The South Line and 2310 Feet From The West
Line of Section 17 Township 18S Range 28E , NMPM, Eddy

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Navajo Refining Company Address (Give address to which approved copy of this form is to be sent) Box 159 North Freeman, Artesia, New Mexico 88210
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 N Sec. 17 Twp. 18S Rge. 28E Is gas actually connected? No When _____

IV. COMPLETION DATA
Designate Type of Completion - (X) XX Oil Well XX Gas Well XX New Well XX Workover XX Deepen XX Plug Back XX Same Res'v. XX Diff XX
Date Spudded 10/31/83 Date Compl. Ready to Prod. 11/23/83 Total Depth 2500' P.B.T.D. 2469'
Elevations (DF, RKB, RT, GR, etc.) 3607' Name of Producing Formation San Andres Top Oil/Gas Pay 2075' Tubing Depth 2250'
Perforations 2075-79, 2107, 08, 18, 19, 34-36, 51, 52, 77, 78, 83-85, 2228-30' Depth Casing Shoe _____
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12 1/4" 8 5/8", 23# 358' 350 SXS
7 7/8" 5 1/2", 17# 2497' 650 SXS
2 3/8" 2250'

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 able for this depth or be for full 24 hours)
Date First New Oil Run To Tanks 11/23/83 Date of Test 11/5/83 Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 24 hours Tubing Pressure _____ Casing Pressure _____ Choke Size 1 1/2" BK
Actual Prod. During Test 100 Oil - Bbls. 25 Water - Bbls. 75 Gas - MCF n/a

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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
Vickie Sue
(Signature)
Production Clerk
(Title)
December 7, 1983
(Date)

OIL CONSERVATION COMMISSION
DEC 13 1983
APPROVED _____, 19____
BY Leslie A. Clements
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 well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of c
Separate Forms C-104 must be filed for each pool in recompleted wells.