

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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NOTES	

TOMSCO Energy ✓

Address P.O. Box 664 ARTESIA, NEW MEXICO 88210

Reason(s) for filing (Check proper box)

Oil Well ☐ Change in Transporter oil ☒ Dry Gas ☐

Completion ☐ Oil ☒ Condensate ☐

Change in Ownership ☒ Casinghead Gas ☐

Change of ownership give name and address of previous owner COLLIER ENERGY P.O. DRAWER R ARTESIA, NEW MEXICO 88210

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>GILMORE STATE</u>	<u>2</u>	<u>ARTESIA Q 4 SA</u>	State, Federal or Fee <u>STATE</u>	<u>L-3852</u>

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, EMERY County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>NAVAJO REFINING PIPELINE DIV.</u>	<u>P.O. DRAWER 159 ARTESIA, N.M. 88210</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>PHILLIPS PETROLEUM CO.</u>	<u>#4 HOME SAVING (LOAN), BARTLESVILLE, OKLA. 74004</u>

If well produces oil or liquids, give location of tanks. Unit L Sec. 17 Twp. 18 Rge. 28

Is gas actually connected? YES When 3-28-84

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<u>X</u>								

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u>PAGE 10-2</u>
			<u>5-30-86</u>
			<u>Chg op</u>

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pump, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## 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.

Thomas K. Swagg  
(Signature)

OWNER  
(Title)

5-7-86  
(Date)

OIL CONSERVATION DIVISION  
JUN 3 1986

APPROVED \_\_\_\_\_, 19\_\_\_\_

Original Signed By  
Les A. Clements

BY \_\_\_\_\_ Supervisor District II

TITLE \_\_\_\_\_

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

Separate Forms C-104 must be filed for each pool in multiple well.