

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

JUL 06 1983

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	
GAS	
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator

Collier Energy, Inc.

Address

P.O. Drawer R, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Dry Gas ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 9/13/83
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINEDIf change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
Tahelitdid	#1	Artesia Queen Grayburg SA	State, Federal or Fee State	LG-301
Location				
Unit Letter	I	: 1650 Feet From The South Line and 330 Feet From The East		
Line of Section	17	T. 18S	Range 28E	NMPM, Eddy

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)					
Koch Oil Company of Texas	1725 N. Grimes, Hobbs, New Mexico 88240					
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.	Is gas actually connected?	When
	I	17	18S	28E	No	

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'tv.	Diff. Fr.
	XX		XX					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
6-18-83	7-1-83		2880'			2858'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
3615'	San Andres		2178'			2294'		
Perforations						Depth Casing Shoe		
2178', 79, 80, 81, 85, 97, 98, 99, 2200, 2214, 15, 45, 46, 51, 52, 53, 2254'						2294'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10 3/4"	8 5/8", 24#	505'	350 SXS
7 7/8"	5 1/2", 15.5#	2880'	700 SXS
	2 3/8"	2294'	

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 capable 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.)	
7-4-83	7-5-83	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
134	84	50	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 (Shot-in)	Casing Pressure (Shot-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.

Dorian Juel
(Signature)

Production Clerk

(Title)

July 6, 1983

(Date)

OIL CONSERVATION DIVISION

JUL 13 1983

APPROVED _____, 10

BY _____
Original Signed By
Leslie A. Clements
Supervisor District IIThis form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on 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 conditions.

Separate Form C-104 must be filed for each pool in multi-completed wells.