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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATION	
PRODUCTION OFFICE	

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SANTA FE, NEW MEXICO 87501

AUG 29 1983

O. C. D.

REQUEST FOR ALLOWABLE
AND

ARTESIA OFFICE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

Collier & Collier

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 10/30/83
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINEDIf change of ownership give name
and address of previous owner

David C. Collier, P.O. Box 798, Artesia, New Mexico 88210

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease
Welch	#9	Artesia Queen GR SA	State, Federal or Fee State	647
Location				
Unit Letter	2110	Feet From The	South	Line and 1650
Line of Section 17		Township 18S	Range 28E	NMPM, Eddy Co.

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)					
Navajo Crude Oil Purchasing Company	P.O. Drawer 175, Artesia, New Mexico 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.	Is gas actually connected?	When
	J	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'v.	Diff. f
	XX		XX					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
8/2/83	8/20/83		2534'		2508'			
Elevations (DF, R&B, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3620'	San Andres		2478'		2490'			
Perforations					Depth Casing Shoe			
2128-31, 2167-71, 2184-86, 2221, 22, 26-28, 32-34, 2468-78'								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10 3/4"	8 5/8", 24#	365'	300 SXS
7 7/8"	5 1/2", 15.5#	2532'	575 SXS
	2 3/8"	2490'	

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
able 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.)	
8/20/83	8/22/83	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours			Comp + BK
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
118	60	58	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.

Production Clerk

8/29/83

(Date)

OIL CONSERVATION DIVISION

AUG 30 1983

APPROVED

BY

Original Signed 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 deep
well, this form must be accompanied by a tabulation of the dev.
tools taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for a
table on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of a
well name or number, or transporter, or other such change of cond.Separate Forms C-104 must be filed for each pool in new
recompleted wells.