

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

Drawer DD Artesia, NM.

DISTRICT OFFICE #2

Jan. thru Apr. 1985
NO. 2074 T

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE January 17, 1985

PURPOSE ALLOWABLE ASSIGNMENT - TESTING

Effective January 1, 1985 a testing allowable of 185 barrels of oil is hereby assigned to Collier Energy, Incorporated, Comstock Federal #1-N-12-18-27 in the Artesia Queen Grayburg-San Andres Pool for the month of January 1985.

LAC:fc

Collier Energy, Inc.

NRC

OIL CONSERVATION DIVISION


DISTRICT SUPERVISOR

RECEIVED BY

JAN 15 1985

O. C. D.
ARTESIA, OFFICE

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Collier Energy, Inc.	
Address P.O. Drawer R, Artesia, New Mexico 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate
Test Allowable for Jan 1985 for Test Tank 1 load of 185 bbls	

Permit 1512-1497

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Comstock Fed.	Well No. #1	Pool Name, including Formation Artesia Oil Pool	Kind of Lease State, Federal or Fee Fed.	Lease No. NM-42410
Location Unit Letter <u>N</u> : <u>330</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>12</u> Township <u>18S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing	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. Is gas actually connected? When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

Viewie J. J.
(Signature)

Production Clerk
(Title)

January 15, 1985
(Date)

OIL CONSERVATION DIVISION

JAN 15 1985

APPROVED _____, 19 _____

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 deepened well, this form must be accompanied by a tabulation of the deviation 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 owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filled for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v
Date Spudded 12/10/84	Date Compl. Ready to Prod. 1/9/85	Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
Perforations Top-1512' & Bottom 1497' Penrose						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size