

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

APR - 9 1976

I. Operator **DAVID C. COLLIER**

Address **O.C.C. ARTESIA, OFFICE**
P. O. BOX 798, ARTESIA, NM 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)

If change of ownership give name and address of previous owner **MARBOB ENERGY CORPORATION, P. O. BOX 304, ARTESIA, NM 88210**

II. DESCRIPTION OF WELL AND LEASE

Lease Name LOWE B STATE	Well No. 1	Pool Name, Including Formation ARTESIA Q. GB. SA.	Kind of Lease State, Federal or Fee STATE	Lease No. OG 605
Location Unit Letter B ; 330 Feet From The NORTH Line and 2310 Feet From The EAST Line of Section 4 Township 19S Range 28E , NMPM, EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> NAVAJO CRUDE OIL PURCHASING COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 159, ARTESIA, NM 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 B Sec. 4 Twp. 19S Rge. 28E	Is gas actually connected? NO When

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

IV. COMPLETION DATA

Designate Type of Completion - (X) X	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 11-21-66	Date Compl. Ready to Prod. 12-15-66	Total Depth 2785	P.B.T.D. 2772
Elevations (DF, RKB, RT, GR, etc.) GL3547 KB3552	Name of Producing Formation GRB. SA.	Top Oil/Gas Pay 2013	Tubing Depth 2736
Perforations 2013, 58, 67, 73, 86, 92, 2234, 42, 2531, 35, 38, 2559, 2711, 17, 26, 41			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 9 5/8"	CASING & TUBING SIZE 7"	DEPTH SET 497	SACKS CEMENT 150
6 1/4"	4 1/4"	2777	100
	2 3/8"	2736	

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 top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 12-15-66	Date of Test 1-12-67	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 75 BBLs	Oil-Bbls. 53	Water-Bbls. 22	Gas-MCF TSYM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Gerald G. Wilson
(Signature)

Agent

(Title)

APRIL 8, 1976

(Date)

OIL CONSERVATION COMMISSION

APR 12 1976

APPROVED _____, 19

BY W. R. Gressett

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 filed for each pool in multiply completed wells.