

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

RECEIVED

JUN 24 1980

O. C. D.

ARTESIA OFFICE

Operator Collier Energy Inc.

Address

P.O. Box 798

Artesia, NM 88210

Reason(s) for filing (check proper box)

Change in Transporter of:

☐ Oil
☐ Gashead Gas
☐ Condensate

Other (Please explain)

☐ New Well
☐ Recompletion
☒ Change in Ownership

If change of ownership give name and address of previous owner

Collier & Collier

P.O. Box 798 Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lowe "B" State Well No. 2 Pool Name, Including Formation Artesia, O. GB SA. Kind of Lease State, Federal or Fee State Lease No. OC-605

Location

Unit Letter G ; 1650 Feet From The North Line and 2310 Feet From The East

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 ☒ or Condensate ☐ NavaJo Crude Oil Purchasing Co. Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Gashead Gas ☐ or Dry Gas ☐ 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. 4 19S 28E

Is gas actually connected? 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)
☐ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Tubing Depth

Depth Casing Shoe

Perforations

Elevations (DF, KKB, RT, CR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

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 allow- 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.)	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	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.

(Signature)

Agent

(Title)

July 1, 1980

(Date)

APPROVED

BY

OIL AND GAS INSPECTION

OIL CONSERVATION COMMISSION

1980

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 deviator tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- able 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 Form C-104 must be filed for each pool in multiple) completed well.