NO. OF COPIES RECEIVED		4	
DISTRIBUTION			
SANTA FE		1	
FILE		$\square 7$	$\nu$
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
THANS! ON EN	GAS		
OPERATOR		1	
BRODATION OFFICE		1	

	DISTRIBUTION SANTA FE FILE		ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65		
	U.S.G.S.  LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATU	RAL GAS		
	TRANSPORTER OIL / GAS OPERATOR /			RECEIVED		
1.	PRORATION OFFICE Operator	<u> </u>		SEP - 9 1978		
	Collier & Collie	r v		0. c c		
	t		38210	ARTESIA, OFFICE		
	Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain			
	Recompletion Change in Ownership X	Oil Dry Ga Casinghead Gas Conder		est change)		
	If change of ownership give name and address of previous owner	John A. Yates 207	5. 4th artises	i n.m,		
II.	DESCRIPTION OF WELL AND					
	Lease Name Caroline State	#8 4, Millman 7-RS	1	of Lease Lease No. Federal or Fee State B-1071		
	Location	660 Feet From The North Lin		1		
	2.0	wnship 19 Range	28 , NMFM,	EddyCounty		
***	DESIGNATION OF TRANSPORT	FED OF OU AND NATURAL CA	is.			
				h approved copy of this form is to be sent)		
	Name of Authorized Transporter of Cas	Singhead Gas or Dry Gas	Address (Give address to whice	h approved copy of this form is to be sent)		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. D 28 19 28	Is gas actually connected?	When		
	If this production is commingled wit	th that from any other lease or pool,	give commingling order numb	er:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Dee	pen Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completion	on - (X)	1 1			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
		TUBING, CASING, AND	D CEMENTING RECORD	SACKS CEMENT		
	HOLE SIZE	CASING & TOBING SIZE	DEFINSE	SACKS CEMENT		
V.	TEST DATA AND REQUEST FOOIL WELL  Date First New Oil Run To Tanks	OR ALLOWABLE (Test must be a able for this de	ofter recovery of total volume of lepth or be for full 24 hours)  Producing Method (Flow, pump	oad oil and must be equal to or exceed top allow		
	Date First New Oil Adn 10 Idnks	Date of 14st	Producting Matrice (1 som, punis	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF		
	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		
	Totaling Method (prior)					
VI.	CERTIFICATE OF COMPLIAN		SE	ERVATION COMMISSION [P 1 2 1978 19		
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.		BY W. G. Gressett				
		TITLE SUPERVISOR, DISTRICT II				
Day & Butamonte (Signature) Agent			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.			

Sep. 7, 1978

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.