gris t Might die BILLINING LNIAFE LE S.U.S. AND DEFICE NAME OFFICE

TIL CONSERVATION DIVISION P. O. DOX 2011 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE

RECEIVED BY MAY 23 1984 O. C. D. ARTESIA OFFIC

NAME PORTER DAS		AND	ė	ARTESIA, OFFICE	
TERATION V	AUTHORIZATION TO TRAN	SPORT OIL AND NATU	JRAL GAS		
NONATION OFFICE		i .			
perolof					
COLLIER ENERGY, IN	· .				
P. O. Drawer R	Artesia, New Mex	kico 88210			
oson(s) for filing (Check proper bo		Other (Pleas	c caploin)		
- w-11	Change in Transporter of:	•			
completion	OII X Dry C	ios			
range in Ownership	Cq+Ingheod Gas Cond	ensate			
thange of ownership give name! address of previous owner					
: Badiess of previous owner.					
SCRIPTION OF WELL AND	LEASE.				
ose Name	Well No. Pool Name, Including Formation Kind of Lease				Leose N
FoFo	2 McMillan Sever	Rivers Q	State, Federa	State	L-2632
cation	•				
Unit Letter F : 165	O Feet From The North Li	ne and 1650	Feet From	The West	
0.0	100) 7 m	D.J.J.,		_
Line of Section 32 T.	mishlp 19S Range	27Е , ммрм	. Eddy		Count
and the second	TER OF OUR AND NATURAL C	A C			
SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS in.e. of Authorized Transporter of Oil (X) or Condensate (Address (Give address to which approved copy of this form in					o be sent)
	P. O. Box 1558, Breckenfidge, Texas 76024				
OCH OIL COMPANY me of Authorized Transporter of Ca	Address (Give address to which approved copy of this form is to be sent)				
	Unit Sec. Twp. Rge.	Is gas octually connecte	d7 Who	cn.	-
well produces oil or liquids, re location of tanks.	70				
	th that from any other lease or pool,	give commingling order	number:		
MPLETION DATA					
	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	'v. Dill. Res
Designate Type of Completion			<u> </u>	1 1	<u> </u>
te Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	
		forations			
	TUBING CASING AND	CEMENTING RECOR)		
HOLE SIZE	CASING & TUBING SIZE			SACKS CEMENT .	
7,000					
,					
				-	
				<u>i</u>	
ST DATA AND REQUEST FO		fer recovery of social volum		ind must be equal to or es	cceed top allo
, WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow,		t. etc.)	
e First New Oil Run To Tonks	Date of Test	Preducing kinned (1 100)	pap. 2-5,-	.,,	
	Tubing Pressure	Casing Pressure		Choke Size	
igh of Test	, , , , , , , , , , , , , , , , , , , ,	,			
onl Pred. During Test Oil-Bbls.		Water-Bbis.		Goa-MCF	
but process and process		ļ			
		<u> </u>			
S WELL					
		Bbls. Condensate/MMCF		Gravity of Condensate	
ung Mathod (puot, back pr.)	Tubing Piesewe (Ehnt-in)	Cosing Pisseus (Shut-	(0)	Choi-Sire	
		<u> </u>			
ITIFICATE OF COMPLIANC	E			ON DIVISION	
•	MAY 2 4 1984				

11: ľ reby certify that the rules and regulations of the Oil Conservation sion have been complied with and that the information given e is true and complete to the best of my knowledge and belief. ORIGINAL SIGNED BY_ BY LARRY BROOKS GEOLOGIST - NMOCD TITLE _ This form is to be filed in compliance with nULE 1104. If this is a request for allowable for a newly drilled or deepene ei ala well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULK 111. (Sizna:wa) All sections of this form must be filled out completely for allow able on new and secompleted wells. Production Clerk (Title) Fill out only Sections 1, 11, 111, and VI for changes of owner well name or number, or transporter, or other such cleange of condition May 10, 1984

Separate Point C-104 must be filled for each pool in multiple

(Dote)