## mp. & dorse materies DISTRIBUTION NEW MEXICO OIL CONSERVATION COM - ION REQUEST FOR ALLOWABLE SANTA FE FILE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS U.S.G.S. LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE I. Operator Collier & Collier JUL Address P. O. Box 798, Artesia, New Mexico 88210 Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: New Well Dry Gas CIL Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner \_\_\_\_ II. DESCRIPTION OF WELL AND LEASE Kind of Lease Well No. Pool Name, Including Formation State, Federal or Fee Wildcat-Clayburg #1 Yalty

1650 Feet From The South Line and 330

or Condensate

Sec.

Oil Well

Date Compl. Ready to Prod.

6-23-80

Name of Producing Formation

<del>Graybur</del>g

CASING & TUBING SIZE

8 5/8"

7"

Tubing Pressure

Oil-Bble.

Twp.

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P.ge.

Gas Well

278

Township .195

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Casinghead Gas a or Dry Gas X

Unit

Range 27E

, NMPM,

Workover

DEPTH SET

281'

1515'

1830'

New Well

X

TUBING, CASING, AND CEMENTING RECORD

Total Depth

Top Oil/Gas Pay

14521

1487

Casina Pressure

Water - Bbls.

Location

-Line of Section 23

If well produces oil or liquids, give location of tanks.

1-19-80

3480 GL

10 3/4"

Date First New Oil Run To Tanks

Elevations (DF, RKB, RT, GR, etc.)

1452-1457, 1462

HOLE SIZE

V. COMPLETION DATA

Date Spudded

Perforations

OIL WELL

Length of Test

Actual Prod. During Test

Nome of Authorized Transporter of Oil

Phillips Petroleum

Designate Type of Completion - (X)

V. TEST DATA AND REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C Ellective 1-1-65 RECEIVED 3 1980 O. C. D. ARTESIA, OFFICE Lease No L-4053 State Feet From The \_ East County Eddy Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74004 12-22-81 If this production is commingled with that from any other lesse or pool, give commingling order numbers Plug Back | Same Res'v. Diff. Res P.B.T.D. 1494 **'** Tubing Depth 1487**'** Depth Casing Shoe 1515 SACKS CEMENT 75 sxs. 350 sxs. (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.) Choke Size Gas - MCF

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GAS WELL			Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	_
80,	24 hrs.	No condensate	
Testing Method (pitot, back pr.) Flowing	Tubing Presewe (Shut-in) Shut-in 450	Casing Pressure (Shut-in) 450#	Choke Size 20/64
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.    Secretary (Title)   T-1-80 (Date)		APPROVED  BY  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 deepe well, this form must be accompanied by a tabulation of the devia tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for all able on new and recompleted wells.  Fill out only Sections I. II. III. and VI for changes of ow well name or number, or transporter, or other such change of condit Separate Forms C-104 must be filed for each pool in multicompleted wells.	