

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

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

RECEIVED
DEC 15 1982
O. C. D.
ARTESIA, OFFICE

| | | |
|-------------------|-------|---|
| DISTRIBUTION | | |
| AMT A FE | ✓ | ✓ |
| ILE | ✓ | ✓ |
| U.S.G.S. | | |
| AND OFFICE | | |
| TRANSPORTER | OIL ✓ | |
| | GAS ✓ | |
| OPERATOR | | ✓ |
| PRODUCTION OFFICE | | |

Operator
Collier Energy, Inc. ✓

Address
P.O. Box 798, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

New Well ☒ Change In Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|------------|----------|--------------------------------|-----------------------------|-----------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| South | #1 | Wildcat Grayburg | State, Federal or Fee State | LG-2722 |

Location
Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West
Line of Section 23 Township 19S Range 27E , NMPM, Eddy County

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)
P.O. Drawer 175, Artesia, N.M. 88210

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillip Petroleum Co.
Address (Give address to which approved copy of this form is to be sent)
#4 Home Savings & Loan, Bartlesville, Ok. 74004

If well produces oil or liquids, give location of tanks.
Unit F Sec. 23 Twp. 19S Rge. 29E
Is gas actually connected? Yes When 12-8-82

COMPLETION DATA

Designate Type of Completion - (X)
☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'

Date Spudded 3-29-82 Date Compl. Ready to Prod. 10-26-82 Total Depth 1967 P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) 3473' GL Name of Producing Formation Grayburg Top Oil/Gas Pay N/A Tubing Depth 1920
Perforations 1901', 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 1916' Depth Casing Shoe 1968

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---------------|----------------------|--------------|---|
| <u>10 3/4</u> | <u>8 5/8</u> | <u>280'</u> | <u>100 sxs of Class C neat 2% CaCl</u> |
| <u>7 7/8</u> | <u>4 3/8</u> | <u>1958'</u> | <u>400 sxs Halliburton</u> |
| | <u>2 3/8</u> | <u>1950</u> | <u>lite & 200 sxs 50/50 pox mix</u> |

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 of hole for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 10-26-82 Date of Test 10-26-82 Producing Method (Flow, pump, gas lift, etc.) Flowing Post ID-3 1-14-83 Comp BK

Length of Test 24 hours Tubing Pressure 80 Casing Pressure 120 Choke Size 3/8

Actual Prod. During Test 3 Oil-Bbls. 3 Water-Bbls. 0 Gas-MCF 151

GAS WELL

| | | | |
|---|--------------------------------------|--------------------------------------|--------------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| <u>151</u> | <u>24 hours</u> | <u>3</u> | |
| Testing Method (pitot, back pr.) <u>Flowing</u> | Tubing Pressure (Shut-in) <u>580</u> | Casing Pressure (Shut-in) <u>580</u> | Choke Size <u>15/64"</u> |

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.

Production Clerk (Signature)
(Title)

OIL CONSERVATION COMMISSION
JAN 7 1983
APPROVED _____
BY _____ Original Signed By _____
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 de-
well, this form must be accompanied by a tabulation of the de-
tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for
able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes o
other such changes o