

OIL CONSERVATION DIVISION

P. O. BOX 2088

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REQUEST FOR ALLOWABLE

AND
AUTHORIZATION RECEIVED BY OIL AND NATURAL GAS

JUN 02 1986

SYNERGY RESOURCES

Address P.O. Box 256 ARTESIA, N.M., O. C. D.

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change In Ownership ☒

Change In Transporter of:

Oil ☒Dry Gas ☐Casinghead Gas ☐Condensate ☐If change of ownership give name
and address of previous owner

Collier Energy, Inc. P.O. Drawer R Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name South com.	Well No. 1	Pool Name, including Formation Wildcat Grayburg	Kind of Lease State, Federal or Fee State	Lease No. 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				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 175, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Phillips Petroleum Company	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. 27E	Is gas actually connected? Yes	When 12/8/82

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (F)	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.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post ID-3
			6-13-86
			Chg op

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 allowable 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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Dennis P. Mayson
(Signature)

PARTNER

(Title)

May 23, 1986

(Date)

OIL CONSERVATION DIVISION

JUN 6 1986

APPROVED _____, 19

BY _____
Original Signed By
Les A. ClementsTITLE _____
Supervisor District II

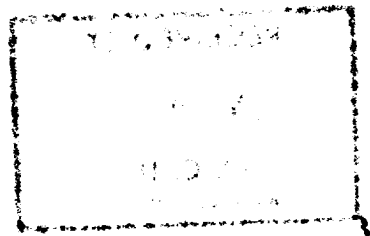
This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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 Form C-104 must be filed for each pool in multiple completed wells.



U.S. DEPT. OF AGRICULTURE
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