

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

JUN 07 1983

 O. C. D.
ARTESIA, OFFICE

 REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

SALESPERSON'S OFFICE	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator Collier Energy, Inc.	
Address P.O. Drawer R, Artesia, New Mexico 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Roy	Well No. #1	Pool Name, Including Formation Und. Grayburg San Andres	Kind of Lease State, Federal or Fee	Lease L-4053
Location Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line of Section 23 Township 19S Range 27E, NMPM, Eddy Coun				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) #4 Home Savings & Loan, Bartlesville, OK 7400	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 23
	Twp. 19S	Rge. 27E
	Is gas actually connected?	When May 19, 1983

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't'n.	Diff. Re
		XX	XX					
Date Spudded 8-29-83	Date Compl. Ready to Prod. 2-19-83	Total Depth 2538'	P.B.T.D. 2350'					
Elevations (DF, RKB, RT, GR, etc.) 3452'	Name of Producing Formation Und. Grayburg San Andres	Top Oil/Gas Pay 1425	Tubing Depth 2375					
Perforations 1425-31', 1437-39', 1649-54', 1679-83', 1712-18', 1723-29', 1797-98', 1800, 01, 06, 07, 08', 1882-89', 1892, 93, 1897'		Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10 3/4"	8 5/8", 24#	287'	100 sxs C1 C 3% CaCl
8"	4 1/2", 10.5#	2440'	600 sxs C1 C
	2 3/8"	2375'	

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 well 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 19	Length of Test 24 hours	Bbls. Condensate/MMCF trace	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Signature _____
 Production Clerk _____
 Date May 31, 1983

OIL CONSERVATION DIVISION

JUN 14 1983

APPROVED _____, 19

 BY Original Signed By
Leslie A. Clements
Supervisor District

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for a well on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of record.
 Separate Forms C-104 must be filed for each pool in use recompleted wells.