

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

DATE OF FILING	
DISTRIBUTION	
INITIALS	
FILE	
S.U.B.	
AND OFFICE	
TRANSPORTER	OIL
	GAS
PERATOR	
PERATION OFFICE	
perator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AMENDED REPORT

RECEIVED

Collier Energy, Inc. ✓		JUN 16 1983	
P.O. Drawer R, Artesia, New Mexico 88210		O. C. D.	
Reason(s) for filing (Check proper box)		ARTESIA, OFFICE	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Completion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

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.
Roy	#1	Und. Queen Grayburg	State, Federal or Fee State	L-4053
Location				
Unit Letter	H	1980 Feet From The North Line and 660 Feet From The East		
Line of Section	23	T. Wshp 19S	Range 27E	NMPM, Eddy County

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)					
Navajo Crude Oil Purchasing Company	P.O. Drawer 175, Artesia, New Mexico 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)					
Phillips Petroleum Company	#4 Home Savings & Loan, Bartlesville, OK 74004					
Is well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	23	19	27	Yes	May 19, 1983

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'v.	Diff. Res'v.	
		XX	XX						
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
8-29-82	2-19-83		2538'		2315'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
3452' GR	Und Queen Grayburg		1425'		1930'				
Perforations	1425-31', 1437-39', 1649-54', 1679-83', 1712-18', 1723-29', 1797-98', 1800, 01, 06, 07, 08, 1882-89', 1892, 93, 97'				Depth Casing Shoe				
						2440			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10 3/4"	8 5/8", 24#	287'	100 sxs
8"	4 1/2", 10.5#	2440'	600 sxs
	2 3/8"	1930'	

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
19	24 hours	trace	
Testing Method (pilot, 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.

Production Clerk

(Title)

June 16, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 17 1983, 19

BY Original Signed By
Leslie A. Clements
Supervisor District II

TITLE

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 Forms C-104 must be filed for each pool in multiply completed wells.