DISTRIBUTION		
SANTA FE	✓	
FILE	✓	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER OIL		
TRANSPORTER GAS		
OPERATOR	✓	
PRODUCATION OFFICE		

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED
OCT 30 1986
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I

Operator: Timothy D. Collier

WEW

Address: P. O. Box 798, Artesia, NM 88211-0798

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:			
Recompletion	☐	Oil	☐	Dry Gas	☐
Change in Ownership	XXX	Casinghead Gas	☐	Condensate	☐

Other (Please explain): Effective as of October 1, 198

If change of ownership give name and address of previous owner: Barber Oil, Inc., P. O. Box 1658, Carlsbad, NM 88220

II DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lea
Crosby Federal	2	Russell-Yates	State, Federal or Fee FED.	LC-0507

Location

Unit Letter ○ : 330 Feet From The S Line and 1650 Feet From The E

Line of Section 12 Township 20S Range 28E , NMPM, Eddy C

III DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sen
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sen

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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

IV COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff.

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
			11-14-86
			chg op

V TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

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 (pitot, 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.

Timothy D. Collier
(Signature)

Operator
(Title)

October 29, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 10 1986, 19

Original Signed By
Les A. Clements

BY

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 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 of well name or number, or transporter, or other such change of co

Separate Forms C-104 must be filed for each pool in