

RECEIVED BY

SEP 30 1986

O. C. D.

ARTESIA, OFFICE

I. Operator

Timothy D. Collier

Address

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

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

PYA

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	Lease No.
Turner Federal	5	Russell-Yates	State, Federal or Fee	Fed. LC-050797
Location				
Unit Letter	705	Feet From The	South	Line and 2025
Line of Section		Township	Range	County
13		20S	28E	Eddy

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 sent)				
Navajo Crude Oil Purchasing		P. O. Drawer 159 Artesia, NM 88210				
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	13	20S	28E			

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 Restv.	Diff. Restv.
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 FD-3					
			10-12-86					
			chg op					

V. TEST DATA AND REQUEST FOR ALLOWABLE 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 (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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION COMMISSION

APPROVED

OCT 10 1986

BY

Original Signed By

Les A. Clements

TITLE

Supervisor District II

This form is to be filed in compliance with Rule 1, 1964.

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 taken on the well in accordance with Rule 1, 1964.

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.

Supervisor Form C-104 must be filed for each pool in multiple