

NO. OF SPONSORING MEMBERS	
INSTITUTION	
SANTA FE	☒
FILE	☒
U.S.U.	
CARD OFFICE	
TRANSPORTER	☒
OIL	☒
GAS	☒
OPERATION	
PRODUCTION OFFICE	

RECEIVED BY
OCT 30 1986
O. C. D.
ARTESIA DIVISION

O. BOX 798
SANTA FE, NEW MEXICO 87501
REQUEST FOR ALLOWABLE
AND
TRANSPORT OIL AND NATURAL GAS

Operator
Timothy D. Collier
Address
P. O. Box 798, Artesia, NM 88211-0798

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Effective as of October 1, 1986.
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
Barber Oil, Inc., P. O. Box 1658, Carlsbad, NM 88220

DESCRIPTION OF WELL AND LEASE

Lease Name Wills Federal	Well No. 7	Pool Name, including Formation Russell-Yates	Kind of Lease State, Federal or Fee FED. LC-050797	Lease No.
Location Unit Letter <u>S</u> : <u>1650</u> Feet From The <u>N</u> Line and <u>2310</u> Feet From The <u>E</u> Line of Section <u>13</u> Township <u>20S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

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)
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

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'v.	Diff. Res'
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, 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
			11-14-86
			chgs up

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 (prior, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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.

Timothy D. Collier
Operator
10-1-86

OIL CONSERVATION DIVISION

NOV 10 1986

APPROVED _____, 19____
Original Signed By
BY Les A. Clements
TITLE 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 deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
This form only Sections I, II, III, & VI for change of lease.