RECEIVED

STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT							OCT 19 '87		
			·				Revised 10-01		
DISTRIBUTION	OIL CONSERVATION DIVISION						APPESIA OF		
5ANTA FE P. O. BOX 2086							AUX (25) (24)	- ت وسانا (
SANTA FE, NEW MEXICO 87501									
LAND OFFICE									
TRANSPORTER OIL									
OPERATOR		RECO	JEST FOI		ABLE	•			
PROMATION OFFICE	ATTHORIZ	ATION TO			AND NATU	IRAL GAS			
I	AUTHORIZ								
Operator			2						
Collier Petroleu	m. Corpora	tion (
Address									
P.O. Box 3531, M	idland, Te	exas 7	9702						
Reason(s) for filing (Check proper box)			· · · ·		Other (Pleas	e explainj	TIMOTHY	COLLIER.	
New Well									
Recompletion									
X Change in Ownership	Casingh	ead Gas	~ 🗌 🗠	ndensate	9-1-87		-		
and address of previous owner <u>B</u>	imotify arb er Oil -	-		ut Pier	ce, Carl	shad , NM			
U. DESCRIPTION OF WELL AND LEASE			ormation Kind of Lease				Lease No.		
Lease Name						State, Federal or Fee			
Wills-Federal	8	<u>Russel</u>	<u>1 - 1 - 1 - 1 - 1</u>	Yates			<u>Federal</u>	<u>LC050797</u>	
Unit Letter <u>A</u> ; 996	Feet From 7	n. <u>Nort</u>	<u>h</u> Lin	• and <u>1</u>	005	Feel From The	East		
Line of Section 13 Towns	hip 205	1	Range 28	E	, NMPL	A. Eddy		County	
				C 1 5					
IL DESIGNATION OF TRANSPO		ensole		GAS Address (Give address	to which approved copy	of this form is to	be sentj	
					••••			·	
Injector Name of Authorized Transporter of Casing	head Gas	or Dry Go		Address /	Cive address	to which approved copy	of this form is to	be sentj	
							Port I	<i>D-3</i>	
If well produces oil or liquids,	Init Sec.	Twp.	Rge.	ls das ec.	lually connect	ied7 When	11-6-	- 89	
give location of tanks.				L			the op	name	
If this production is commingled with t	that from any c	ther lesse	e or pool.	give comm	ingling orde	r number:			
NOTE: Complete Parts IV and V of	on reverse side	if necess	ary.						
VI. CERTIFICATE OF COMPLIANCE					-	ONSERVATION I	DIVISION		
I hereby certify that the rules and regulations	of the Oil Conse	rvation Div	ision have	APPR	D∧⊊D	NOV 0 3 1987	į	19	
been complied with and that the information given is true and complete to the best of my knowledge and belief.				BYOriginal Signed By					
				TITLE		ke Williams Gas Inspector			
0	\wedge .								
KAMMIN	thing	+ n n		1		o be filed in complia			
(Signature)				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					
Agent	•)			well, th	is form mus	t be accompanied by	a tabulation of	THE GEVIETION	
	-) · · · ·			teets to	ils form mus ken on the	t be accompanied by well in accordance	WITH RULE 111	•	
(Tule)				teete ta All	ils form mus sken on the sections of	t be accompanied by	WITH RULE 111	•	

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.

(Date)