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FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
**RECEIVED BY
SEP 30 1986
O. C. D.
ARTESIA, OFFICE**

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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)

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
Turner Federal
Well No.
8
Pool Name, including Formation
Russell-Yates
Kind of Lease
State, Federal or Fee
Fed. LC-0
Lease No.
50797
Location
Unit Letter
2310
Feet From The
N
Line and
1650
Feet From The
W
Line of Section
13
Township
20S
Range
28E
NMPM,
Eddy
County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil
Navajo Crude Oil Purchasing
or Condensate
Address (Give address to which approved copy of this form is to be sent)
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

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'v.
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
10-12-86
shy ap

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 (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 Commission 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
OCT 10 1986
Date

OIL CONSERVATION COMMISSION

OCT 10 1986

APPROVED
Original Signed By
Les A. Clements
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 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.
Supersede Form C-104 must be filed for each pool in multiple