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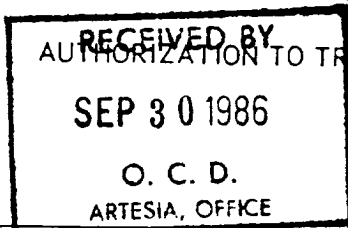
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|------------------|-------------------------------------|
| DISTRIBUTION | |
| SANTA FE | <input checked="" type="checkbox"/> |
| FILE | <input checked="" type="checkbox"/> |
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| LAND OFFICE | <input type="checkbox"/> |
| TRANSPORTER | <input checked="" type="checkbox"/> |
| OPERATOR | <input checked="" type="checkbox"/> |
| PRORATION OFFICE | <input type="checkbox"/> |

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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



I. Operator Timothy D. Collier

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

Reason(s) for filing (Check proper box)

| | | | | |
|---------------------|-------------------------------------|---------------------------|--------------------------|------------------------|
| New Well | <input type="checkbox"/> | Change in Transporter of: | | Other (Please explain) |
| Recompletion | <input type="checkbox"/> | Oil | <input type="checkbox"/> | |
| Change in Ownership | <input checked="" type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> | |
| | | Dry Gas | <input type="checkbox"/> | |
| | | Condensate | <input type="checkbox"/> | |

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 <u>Turner Federal</u> | Well No. <u>20</u> | Pool Name, Including Formation <u>Russell-Yates</u> | Kind of Lease State, Federal or Fee <u>Fed.</u> | Lease No. <u>LC-050797</u> |
| Location | | | | |
| Unit Letter <u>K</u> | <u>1650</u> | Feet From The <u>S</u> Line and <u>2339</u> | Feet From The <u>W</u> | |
| Line of Section <u>13</u> | Township <u>20S</u> | Range <u>28E</u> | <u>NMPM</u> | Eddy County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | |
|--|--|---|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | |
| <u>Navajo Crude Oil Purchasing</u> | <u>P. O. Drawer 159, Artesia, NM 88210</u> | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | 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 <u>F</u> Sec. <u>13</u> Twp. <u>20S</u> Rge. <u>28E</u> | Is gas actually connected? <input type="checkbox"/> | 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 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 | | | |
| | | | | | <u>Post ID-3</u> | | | |
| | | | | | <u>10-17-86</u> | | | |
| | | | | | <u>why up</u> | | | |

V. 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 |

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, 19
BY Original Signed By
Les A. Clements
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1004.

If this is a request for allowable for a newly drilled or recompleted 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 conditions. Separate forms must be filed for each pool in multiple.

Timothy D. Collier
Signature

October 1, 1986