

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Form 106-01-83  
**RECEIVED**

OCT 19 '87

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
ARTESIA, OFFICE

I.

Operator  
Collier Petroleum Corporation

Address  
P.O. Box 3531, Midland, Texas 79702

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) <u>Change Operator from Barber Oil Inc. to Collier Petroleum Corp. effective 9-1-87.</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

☐ Dry Gas  
☐ Condensate

If change of ownership give name and address of previous owner  
TIMOTHY COLLIER  
Barber Oil Inc., 901 West Pierce, Carlsbad, NM

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Turner Federal</u>	Well No. <u>21</u>	Pool Name, Including Formation <u>Russell <del>Yates</del></u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>LC-050797</u>
Location				
Unit Letter <u>N</u> ; <u>959</u> Feet From The <u>South</u> Line and <u>2339</u> Feet From The <u>West</u>				
Line of Section <u>13</u> Township <u>20S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Injector</u>	Address (Give address to which approved copy of this form is to be sent)	
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	Sec.
	Twp.	Rge.
Is gas actually connected?	When <u>Part ID-3</u> <u>11-6-87</u> <u>shy of name</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Bonnie Attwater  
(Signature)  
Agent  
(Title)  
10-14-87  
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 03 1987, 19 \_\_\_\_\_  
BY Original Signed By  
Mike Williams  
TITLE Oil & Gas Inspector

This form is to be filled 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.  
Separate Forms C-104 must be filled for each pool in multiply completed wells.