

OIL CONSERVATION DIVISION

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

P. O. BOX 798
SANTA FE, NEW MEXICO 87501

REGISTRATION	
PERMIT	
FILE	
DEPT.	
LAND OFFICE	
TRANSPORTER	☒
OPERATOR	☒
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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. 25	Pool Name, including Formation Russell-Yates	Kind of Lease State, Federal or Fed. LC-050797		
Location					
Unit Letter B	660	Feet From The N	Line and 2000	Feet From The E	
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 ☐ 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)									
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
			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 of hole 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/MCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	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
(Signature)
Operator
(Date)
Nov 10 24, 1986

OIL CONSERVATION DIVISION
NOV 10 1986

APPROVED _____, 19____

BY Les A. Clements
Supervisor District II

TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the downhole 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 re-completed wells.
FOR USE BY FIELD OFFICES ONLY (for changes of ownership, etc.)