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STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| TRANSPORTER            | <input checked="" type="checkbox"/> |
| OIL                    | <input checked="" type="checkbox"/> |
| GAS                    | <input checked="" type="checkbox"/> |
| OPERATOR               | <input checked="" type="checkbox"/> |
| PRODUCTION OFFICE      | <input checked="" type="checkbox"/> |

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

 Form C-104  
 O. C. D. Revised 10-01-78  
 Artesia, Office Form 06-01-83  
 Page 1
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

 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   | Well No. | Pool Name, including Formation                 | Kind of Lease                 | Lease No. |
| Wills-Federal  | 26       | Russell <del>XXXX</del> -Yates <del>XXXX</del> | State, Federal or Fee Federal | LC050797  |
| Location   |          |  |                               |           |
| Unit Letter <u>B</u> : <u>1305</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Navajo Refining Co.  | P.O. Box 159, Artesia, NM 88210  |
| 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) |
| --   | Post <u>EN-3</u>   |
| If well produces oil or liquids, give location of tanks.   | Is gas actually connected? When  |
| Unit <u>A</u> Sec. <u>13</u> Twp. <u>20S</u> Rge. <u>28E</u>   | <u>11-6-87</u><br><u>chg op. 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

NOV 03 1987

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

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.