

REGISTRATION	☒
LEASE	☒
WELL	☒
LAND OFFICE	☒
TRANSPORTER	☒
OPERATOR	☒
REGISTRATION OFFICE	☒
OPERATOR	☒

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

REQUEST FOR ALLOWABLE
AND
TRANSPORT OIL AND NATURAL GAS

Timothy D. Collier
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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Wills Federal	38	Russell-Yates	State, Federal or Fed. LC-050797	
Location	Unit Letter F	2630 Feet From The N Line and 1330 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 ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)				
Navajo CRUDE OIL		P.O. Box 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'
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	Elevations (DF, RKB, RT, CR, 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
				shg 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 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	Testing Method (spot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

GAS WELL	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (spot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	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
Operator

OIL CONSERVATION DIVISION
NOV 10 1986
APPROVED BY
Original Signed By
Las 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 calculation of the deviation test taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely for all wells, new and recompleted wells.
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20.