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| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | 1 ✓ |
| PRORATION OFFICE | |

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

RECEIVED

APR - 9 1976

I. PRORATION OFFICE

Operator: DAVID C. COLLIER

Address: P. O. BOX 798, ARTESIA, NM 88210

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner: MARBOB ENERGY CORPORATION, P. O. BOX 304, ARTESIA, NM 88210

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|---|---------------------|
| Lease Name LOWE B STATE | Well No. 1 | Pool Name, including Formation ARTESIA Q. GB. SA. | Kind of Lease State, Federal or Fee STATE | Lease No. OG 605 |
| Location: Unit Letter B 330 Feet From The NORTH Line and 2310 Feet From The EAST Line of Section 4 Township 19S Range 28E, NMPM, 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"/> NAVAJO CRUDE OIL PURCHASING COMPANY | Address (Give address to which approved copy of this form is to be sent) 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) |
| If well produces oil or liquids, give location of tanks. Unit B Sec. 4 Twp. 19S Rge. 28E | is gas actually connected? NO 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 <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input type="checkbox"/> |
| Date Spudded 11-21-66 | Date Compl. Ready to Prod. 12-15-66 | Total Depth 2785 | P.B.T.D. 2772 | | | | | |
| Elevations (DF, RKB, RT, CR, etc.) GL3547 KB3552 | Name of Producing Formation GRB. SA. | Top Oil/Gas Pay 2013 | Tubing Depth 2736 | | | | | |
| Perforations 2013, 58, 67, 73, 86, 92, 2234, 42, 2531, 35, 38, 2559, 2711, 17, 26, 41 | | | | | | | Depth Casing Shoe | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 9 5/8" | 7" | | 497 | | 150 | | | |
| 6 1/4" | 4 1/2" | | 2777 | | 100 | | | |
| | 2 3/8" | | 2736 | | | | | |

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 12-15-66 | Date of Test 1-12-67 | Producing Method (Flow, pump, gas lift, etc.) PUMP | |
| Length of Test 24 HRS | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test 75 BBLS | Oil-Bbls. 53 | Water-Bbls. 22 | Gas-MCF TSYM |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, 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.

Gerald G. Wilson
 (Signature)

Agent

(Title)

APRIL 8, 1976

(Date)

OIL CONSERVATION COMMISSION

APR 12 1976

APPROVED _____, 19

BY W. A. Gressett

TITLE 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 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.