

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

RECEIVED BY
MAY 23 1984
O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR	
LAND OFFICE	
TRANSPORTER	
OPERATION	
PRODUCTION OFFICE	

Operator Collier Energy, Inc.

Address P.O. Drawer R Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

New Well Change in Transporter of: Oil Dry Gas

Recompletion Coalinghead Gas Condensate

Change in Ownership

Other (Please explain) TA

If change of ownership give name and address of previous owner Collier & Collier P.O. Box 798, Artesia, N.M. 88210

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
CP State	#1	East Chisum San Andres	State, Federal or Fee State	K-2114
Location				
Unit Letter <u>0</u>	: <u>990</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u>			
Line of Section <u>16</u>	Township <u>11s</u>	Range <u>28e</u>	NMPM,	Chaves County

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)
KOCH OIL COMPANY	P. O. Box 1558, Breckenridge, Texas 76024
Name of Authorized Transporter of Coalinghead 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.	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 Coaling Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 6 inches 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

Post 26-3
5-25-84
chg. Op.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (spiral, back pr.)	Tubing Pressure (Ehnt-in)	Casing Pressure (Ehnt-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.

Dickie J. Lee
(Signature)

Production Clerk
(Title)

May 10, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 24 1984, 19
BY LARRY BROOKS
GEOLOGIST - NMCD

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 device 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 recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.
Separate Form C-104 must be filed for each pool in and