

SANTA FE	5	
FILE	1	v
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL 1	
	GAS 1	
OPERATOR	1	
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COM. ISSION
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

OCT 12 1976

Operator David C. Collier ✓	
Address P. O. Box 798, Artesia, NM 88210	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change In Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
If change of ownership give name and address of previous owner _____	
Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 12-4-76 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED 2-2-77 2-15-77 2-2-77 2-15-77	

III. DESCRIPTION OF WELL AND LEASE

Lease Name Gillespie State	Well No. 3	Pool Name, Including Formation E. Empire, 7R	Kind of Lease State, Federal or Fee State	Lease No. B-2071
Location Unit Letter <u>D</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>17S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

IV. 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 Co.	Address (Give address to which approved copy of this form is to be sent) N. Freeman, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Pte. Co.	Address (Give address to which approved copy of this form is to be sent) Odessa, TX	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 27
	Twp. 17	Rge. 28
	Is gas actually connected? No	
	When	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" 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 Sept. 7, 1976	Date Compl. Ready to Prod. Sept. 25, 1976		Total Depth 788		P.B.T.D. 782			
Elevations (DF, RKB, RT, CR, etc.) 3668 GL	Name of Producing Formation 7 Rivers		Top Oil/Gas Pay 761		Tubing Depth 780			
Perforations 741-743 6 shots, 751-752 3 shots 753.5-754.5 3 shots, 760.5-762 5 shots.					Size .48		Depth Casing Shoe 781	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8"	7"		500.10					
6 1/2"	5 1/2"		779.10		150			

VI. 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 Oct. 4, 1976	Date of Test Oct. 10, 1976	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hour	Tubing Pressure	Casing Pressure	Choke Size POSTED ID-2 10-15-76
Actual Prod. During Test 80	Oil-Bbls. 80	Water-Bbls.	Gas-MCF TSTM

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

VII. 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.

J. C. Wilson
(Signature)

Agent

(Title)

October 11, 1976

(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 14 1976, 1976
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 allowables on new and re-completed 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.