

NEW MEXICO OIL CONSERVATION COM. ION  
**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**

SEP 20 1978

DISTRIBUTION	
SANTA FE	4
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	/
PRORATION OFFICE	

I. Operator  
**Collier & Collier** ✓

Address  
**P.O. Box 798 Artesia, New Mexico 88210**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

**CASINGHEAD GAS MUST NOT BE  
 FLARED AFTER 11-4-78 ✓  
 UNLESS AN EXCEPTION TO Rule 306  
 IS OBTAINED Exception # 2-308**

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Gulf-Fluss</b>	Well No. <b># 1</b>	Pool Name, Including Formation <b>E. Empire Yates 7-RS</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>2029</b>
Location Unit Letter <b>P</b> ; <b>990</b> Feet From The <b>South</b> Line and <b>990</b> Feet From The <b>East</b> Line of Section <b>22</b> Township <b>17S</b> Range <b>28E</b> , NMPM, <b>Eddy</b> 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"/> <b>Navajo Crude Oil Purchasing Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>N. Freeman Artesia, New Mexico 88210</b>
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 Sec. Twp. Rge. Is gas actually connected? When
	<b>P 22 17S 28E</b>

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>Aug. 21, 1978</b>	Date Compl. Ready to Prod. <b>Sep. 4, 1978</b>	Total Depth <b>778'</b>	P.B.T.D. <b>772'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3597.6</b>	Name of Producing Formation <b>7-Rivers</b>	Top Oil/Gas Pay <b>741-745.5</b>	Tubing Depth <b>765'</b>					
Perforations <b>741-745.5 10 holes</b>							Depth Casing Shoe	
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
<b>6 5/8"</b>	<b>4 1/2"</b>	<b>772'</b>			<b>250 sxs class "C" cement</b>			
	<b>2 3/8"</b>	<b>765'</b>						

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 <b>Sep. 4, 1978</b>	Date of Test <b>Sept. 10, 1978</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>N/A</b>	Casing Pressure <b>10#</b>	Choke Size <b>-0-</b>
Actual Prod. During Test <b>90 Bbls.</b>	Oil-Bbls. <b>90 Bbls.</b>	Water-Bbls. <b>-0-</b>	Gas-MCF <b>10</b>

*Paste to file*  
*DP-24*  
*1-24-78*  
*1001*

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.

*M. J. B. [Signature]*  
 (Signature)  
 Agent  
 (Title)  
 Sep. 19, 1978  
 (Date)

OIL CONSERVATION COMMISSION  
 SEP 25 1978  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY *W. A. Gessett*  
 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.