

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-105
 Effective 1-1-65

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LAND OFFICE		
TRANSPORTER	OIL	()
	GAS	()
OPERATOR	()	
PRORATION OFFICE		

I. Operator Collier Energy Inc. RECEIVED
 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
 Other (Please explain) JUN 24 1980
O. C. D.
ARTESIA, OFFICE
 If change of ownership give name and address of previous owner Collier & Collier P.O. Box 798 Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE
 Lease Name Gillespie State Well No. 14 Pool Name, Including Formation East Empire Yates 7-R Kind of Lease State Lease No. B-207
 Location: Unit Letter C; 990 Feet From The North Line and 2310 Feet From The West Line of Section 27 Township 17S Range 28E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Navjo 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 or Dry Gas
Phillips Petroleum Co. Address (Give address to which approved copy of this form is to be sent) Phillips Bldg., Bartlesville, OK
 If well produces oil or liquids, give location of tanks. Unit C Sec. 27 Twp. 17S Rge. 28E Is gas actually connected? Yes When 6/22/79

IV. COMPLETION DATA
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Restv. Diff. R
 Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.B.T.D. _____
 Elevations (DF, RKB, RT, GR, 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

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 able 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 _____

GAS WELL
 Actual Prod. Test-MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____
 Testing Method (pilot, 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.

 (Signature)
 Agent

 (Title)
 July 1, 1980

 (Date)

OIL CONSERVATION COMMISSION
 JUL 1 1980
 APPROVED _____, 19____
 BY M. W. Williams
 TITLE OIL AND GAS INSPECTOR
 This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or de-
 well, this form must be accompanied by a tabulation of the de-
 tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for
 able 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 co-
 Separate Forms C-104 must be filed for each pool in r-
 completed wells.