

NO. OF COPIES RECEIVED		4
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	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

NOV 10 1975

Operator David C. Collier		O.C.C. ARTESIA, OFFICE
Address Box 798 Artesia, New Mexico 88210		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINO FIELD GAS MUST NOT BE FLARED AFTER 1-3-76 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED E.C. 2-156
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner		

Lease Name Collier State	Well No. 1	Pool Name, Including Formation Grayburg Jackson	Kind of Lease State, Federal or Fee	State State	Lease No. E-537
Location					
Unit Letter 0	660	Feet From The South	Line and 1980	Feet From The East	
Line of Section 33	Township 17S	Range 29E	NMPM,	Eddy	County

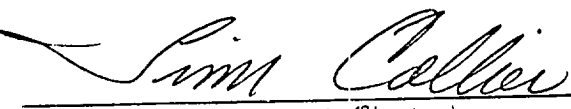
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.		Address (Give address to which approved copy of this form is to be sent) Artesia, New Mexico			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> 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 0	Sec. 33	Twp. 17	Rge. 29	Is gas actually connected? When

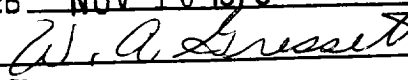
If this production is commingled with that from any other lease or pool, give commingling order number:

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 May 28, 1975	Date Compl. Ready to Prod. Nov 2, 1975	Total Depth 2825 2850	P.B.T.D. 2825						
Elevations (DF, RKB, RT, GR, etc.) 3534 Gr.	Name of Producing Formation Premier	Top Oil/Gas Pay 2725-2680	Tubing Depth 2760						
Perforations Open Hole Completion 2680-2825'			Depth Casing Shoe 2680'						
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
10"	8 5/8 Casing		350						
8"	4 1/2" Casing		2680		75				

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Nov. 3, 1975		Date of Test Nov. 6, 75	Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 1 day	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 80 bbls.	Oil - Bbls. 36 bbls	Water - Bbls. 44 Bbls load.	Gas - MCF

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.	
 (Signature)	
Agent (Title)	
Nov 4, 1975 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED	NOV 10 1975
BY	
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 multiple	