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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
OIL AND NATURAL GAS
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
AUG 15 12 00 PM '67

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator Sam Boren	
Address Box 953, Midland, Texas	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>
Other (Please explain) C 105	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Collier	Well No. 1	Pool Name, Including Formation Bagley Lower Penn North	Kind of Lease State, Federal or Fee Fee
Location			
Unit Letter D	660 Feet From The	N Line and 810 Feet From The	West
Line of Section 9	Township 11S	Range 33 E	NMPM, Lea 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"/> Western Transportation Co.	Address (Give address to which approved copy of this form is to be sent) Box 3129, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> none	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 D	Sec. 9
	Twp. 11S	Rge. 33E
	Is gas actually connected?	When

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 5/7/67	Date Compl. Ready to Prod. 8/11/67	Total Depth 10410	P.B.T.D. 10407					
Pool North Bagley Lower Penn	Name of Producing Formation Lower Penn	Top Oil/Gas Pay 10165	Tubing Depth 10140					
Perforations (10165 - 10299; 10352 - 10385)			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4	10 3/4	399	400					
9 7/8	7 5/8	3944	450					
6 3/4	4 1/2	10407	600					

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 8/11/67	Date of Test 8/11/67	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size pump
Actual Prod. During Test 528	Oil-Bbls. 274	Water-Bbls. 254	Gas-MCF 137

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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)
Everett L. Smith, Agent
(Title)
8/15/67
(Date)

OIL CONSERVATION COMMISSION	
APPROVED	_____, 19____
TITLE _____	
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 Sections I, II, III, and VI only 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.	