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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND ~~PRODUCTION~~ ~~OF~~ ~~THE~~ ~~O.C.C.~~  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
AUG 11 11 18 AM '67

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

I. Operator  
MAX COLL  
Address  
P. O. Box 1818, Roswell, New Mexico  
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)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Coll NM-0177517	1	CATO SAN ANDRES	Federal State, Federal or Fee	
Location Unit Letter D 330 Feet From The North Line and 330 Feet From The West Line of Section 13 Township 8 South Range 30 East , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Mobil Pipeline Company	Box 900, Dallas, Texas
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)
none	
If well produces oil or liquids, give location of tanks.	Unit C Sec. 13 Twp. 8S Rge. 30E 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	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10-1-66	Date Compl. Ready to Prod. 10-13-66	Total Depth 3670	P.B.T.D. 3595					
Elevations (DF, RKB, RT, GR, etc.) 4169 DF	Name of Producing Formation San Andres	Top Oil/Gas Pay 3540	Tubing Depth 3511					
Perforations now open 3544 to 3569			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4	8-3/8	432	200					
7-7/8	4-1/2	3667	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 10-11-66	Date of Test 10-13-66	Producing Method (Flow, pump, gas lift, etc.) swab	
Length of Test 24	Tubing Pressure swab	Casing Pressure packer	Choke Size 3/4"
Actual Prod. During Test 120 80	Oil-Bbls. 120	Water-Bbls. 2	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

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.

Max Coll  
(Signature)  
Operator  
(Title)  
August 10-, 1967  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_

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 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.