

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

CO. OF COPIES DESIRED	
DISTRICT	
SANTA FE	
FILE	
U.S.D.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

RECEIVED BY	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
MAY 08 1986	
O.C.D.	
ARTESIA, OFFICE	

TOMSCO Energy	
Address P.O. Box 664 ARTESIA, New Mexico 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter oil: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	

If change of ownership give name and address of previous owner: COLLIER ENERGY, INC. P.O. DRAWER ARTESIA, New Mexico 88210

DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name	Well No.	State, Federal or Fee	LC
HARRISON	4	FEDERAL	063867
Location		Feet From The	
Unit Letter	D	990	Feet From The WEST
Line of Section	3	T. township	17 S
		Range	32 E
		NMPM	LEA
			County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Box 2528 HOBBS, N.M. 88240		
TEXAS NEW MEXICO PIPELINE CO.	Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	430 HOME SIL BLDG. BARTLESVILLE, OKLA 74004		
PHILLIPS PETROLEUM COMPANY	Is gas actually connected? When		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	F	3	17 S
			32 E
			YES
			1964

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
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

## 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	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		Bbls. Condensate/MCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure (Shut-in)	Choke Size
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		

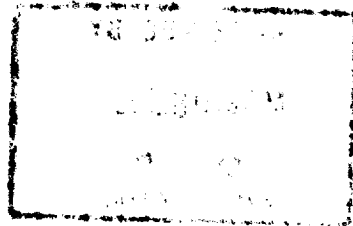
## CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Thomas K. Suggs  
(Signature)  
OPERATOR  
(Title)  
May 7, 1986  
(Date)

OIL CONSERVATION DIVISION  
APPROVED MAY 7 1986  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
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 recompleted wells.



RECEIVED  
MAY 9 1986  
G. C. C.  
HOBBS OFFICE