trib I minut tom PILE U.S.U.S. LAND OFFICE

Production Clerk (Tille)

(Dute)

May 10, 1984

AL CONSLITANTION DIVISION P. O. DOX 2088 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE

RECLIVED SY MAY 23 1984

THANSPORTER OAL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AND	O. C. D.		
PROBATION OFFICE	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL	GAS ARTESIA, OFFICE		
Operator					
COLLIER ENERGY, I	NC.				
P. O. Drawer R	Artesia, New Me	xico 88210			
Reason(s) for liling (Check proper b		Other (Please expla	in)		
N W-II	Change in Transporter al:				
Recompletion Change in Ownership	OII X Dry	Gas J	•		
If change of ownership give name and address of previous owner		·			
DESCRIPTION OF WELL AND	Well No. Pool Name, Including	1	of Lease Lease N		
Big Circle	3 Tonto Yates	South 7-R State,	Federal or Fee Fed. NM/077006		
Location 0 . 66		1650	7		
Unit Letter:	Feet From The South	ine and 1000 Fee	From The East		
Line of Section 24 T	Range 19S	32E , NMPM, Lea	Count		
	TED OF OU AND NATURAL C	46	•		
DESIGNATION OF TRANSPORT None of Authorized Transporter of C	ESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS None of Authorized Transporter of Cit grant or Condensate Address (Give address to which approved copy of this form is to be se				
F. O. Box 1558, Breckenfidge, Texas 76024					
Name of Authorized Transporter of C	asinghead Cas or Dry Cas	Address (Give address to which	approved copy of this form is so be sent)		
	Unit Sec. Twp. Rge.	Is gas octually connected?	When		
If well produces oil or liquids, give location of tanks.			1		
	ith that from any other lease or pool,	, give commingling order number	r:		
COMPLETION DATA	Oil Well Gos Well	New Well Workover Deep	en Plug Back Same Res'v. Diff. Res		
Designate Type of Complete	ion — (X)				
Date Spuddod	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Llovations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Perforations	•		Depth Casing Shoe		
	TUBING, CASING, AN	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT .		
	,				
EST DATA AND REQUEST F		fier recovery of total volume of locepth or be for full 24 hours)	ed oil and must be equal to or exceed top allo		
OL WELL One First New Oil Run To Tanks	Dote of Test	Producing Method (Flow, pump,	gos lift, etc.)		
•					
ength of Test	Tubing Pressure	Cosing Pressure	Choke Size		
ctual Pred. During Test	Oil-Bbis.	Water-Bbls.	Gos-MCF		
AS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
			1		
esting Method (pirot, back pr.)	Tubing Pressur (Ehnt-in)	Cosing Pressure (Ebut-in)	Choi-Sii-		
ENTIFICATE OF COMPLIANC	CE	OIL CONSER	VATION DIVISION		
		MΔY 9			
nereby certify that the rules and r	egulations of the Oli Conservation				
vision have been complied with and that the information given ove is true and complete to the best of my knowledge and belief.		ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR			
•	·	TITLE			
· ·		This form is to be filed	in compliance with MULE 1104.		
Res	l set ii	If this is a recount for a	allowable for a newly drilled or deepene impented by a tabulation of the deviation		
(Signa Production		tests talen on the well in a	ccordance with NUCK 111.		

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections 1, 11, 111, and VI for changes of owns, well name or number, or transporter, or other such change of condition

Separate Posica C-104 must be filled for each pool in multiple

١.

JERGY AND MINERALS DEPARTMENT OIL CONSERVATION DIVISION DISTRIBUTION EARTA FE PILE U.S.O.S. LAND OFFICE P. O. BOX 2088 SANTA FE, NEW MEXICO B7501

8/1/81 (Date)

SKILLY LELVEN TO	
REQUEST FOR ALLOWABLE AND	

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL OIL	AN						
TRANSPORTER DAS	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
PROPATION OFFICE							
Operator							
Collier Energy, Inc.							
P.O. Drawer R, Artes	ia. New Mexico 88210						
Reason(s) for filing (Check proper box)	Other (Please	explain)				
New Well	Change in Transporter of:						
Recompletion	C Out I Dry Cas []						
Change in Ownership X	Casinghead Gas Condens	ate					
	Collier & Collier, P.O. Bo	v 798 Artesia.	New Mexi	co 88210			
If change of ownership give name (and address of previous owner	Collier & Collier, 1.0. Bo	x 770; 11220020,					
		,					
DESCRIPTION OF WELL AND							
Lease Name Big Circle	3 Tonto Yates So	outh 7-R	State, Federal	or F•• Fed. NM#077006			
Location				Past			
0 66	O Feel From The South Line	, and	Feet From T	The			
Unit Letter		\m	Lon	County			
Line of Section 24 T.	waship 19S Range 32	E , NMPM	, Dea	Coemy			
	ALL STATE OF THE S	r					
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	Aidress (Give address	to which approv	ved copy of this form is to be sent)			
Name of Authorized Transporter of Ol		.O. Box 1510, Midland, Texas 79701					
Texas-New Mexico Pipeline Co. Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which a				ved copy of this form is to be sent)			
Same of Authorized France			V				
the Montds	Unit Sec. Twp. Rge.	is gas actually connect	ed? Whe	en.			
If well produces oil or liquids, give location of tanks.	0 24 19 32						
the modulation is commingled w	ith that from any other lease or pool,	give commingling orde	r number:				
COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res'v. Diff, Res'v.			
Designate Type of Completi	O.	; !					
	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
Date Spudded							
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay		Tubing Depth			
Elevations (D1, Milb, M1, OM, CO.)				Depth Casing Shoe			
Perforations				Depth Cashiq Shot			
		STUTING PECOS					
	TUBING, CASING, AND	DEPTHS	ET	SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE						
	•						
				1			
TEST DATA AND REQUEST 1	FOR ALLOWABLE (Test must be a)	fier recovery of total vol.	ume of load oil	and must be equal to or exceed top allow			
OIL WELL		pth or be for full 24 hour Producing Method (Flo	w, pump, gas li	fi, etc.)			
Date First New Oil Run To Tanks	Dute of Test	bloggettid Wateroo (* 12	_,,,				
		Casing Pressure	· · · · · · · · · · · · · · · · · · ·	Choke Size			
Length of Test	Tubing Pressure						
T-01	Oil-Bhis.	Water-Bbls.		Gas-MCF			
Actual Prod. During Test							
GAS WELL		Bbis. Condensate/MMC	-F	Gravity of Condensate			
Actual Prod. Teet-MCF/D	Length of Test	Bbis. Condensate/www.	. r				
	Tubing Pressure (Shut-in)	Casing Pressure (Ehu	t-in)	Choke Sixe			
Teeting Mothod (pitot, back pr.)	lubing Pressure (Entite-111)						
		חוו נו	CONSERVA	TION DIVISION			
. CERTIFICATE OF COMPLIA	NCE	l no	JT 23 19	91			
·		II APPROVED					
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.		Orig. Signed by Lie Absolute					
						`	TITLE
α	A	This form is	to be filed in	compliance with RULE 1104.			
Levall R	If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation well, the population with second ance with NULE 111.						
(Signature)							
Age		II ancitona i	of this form m	ust be filled out completely for allow			
	Title)	able on new and	ecombisted #	were and are for changes of owner			
	/81	Mell nems or name	et, or comment	The state of the s			
	(Date)	11	C 101	at he fited for each pool in multiply			

Separate Forms C-104 must be filled for each pool in multiply completed wells.