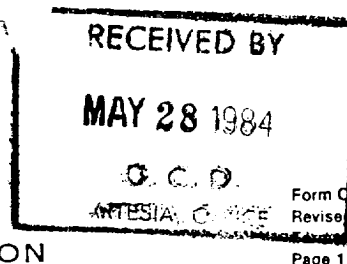


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| LAND OFFICE            |     |  |
| TRANSPORTER            | OIL |  |
|                        | GAS |  |
| OPERATOR               |     |  |
| PRODUCTION OFFICE      |     |  |

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator  
Collier Energy, Inc.

Address  
P.O. Drawer R, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

|   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> New Well                       | Change in Transporter of:               | <input type="checkbox"/> Dry Gas    |
| <input type="checkbox"/> Recompletion                   | <input type="checkbox"/> Oil            | <input type="checkbox"/> Condensate |
| <input checked="" type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas |                                     |

Other (Please explain)

If change of ownership give name and address of previous owner Collier & Collier, P.O. Box 798, Artesia, New Mexico 88210

II. DESCRIPTION OF WELL AND LEASE

|   |                |  |  |                        |
|---|----------------|--|--|------------------------|
| Lease Name<br>Federal 18  | Well No.<br>#2 | Pool Name, including Formation<br>Tonto Yates, Seven Rivers West | Kind of Lease<br>State, Federal or Fee State | Lease No.<br>LC#064790 |
| Location<br>Unit Letter F : 1980 Feet From The North Line and 2039 Feet From The West |                |  |  |                        |
| Line of Section 18 Township 19s Range 33e, 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"/><br>Texas-New Mexico Pipeline Co. | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 1510, Midland, Texas 79701 |
| 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.  | Is gas actually connected? When   |
| Unit F Sec. 18 Twp. 19 Rge. 33  | no  |

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

*Vickie Juel*  
(Signature)

Production Clerk  
(Title)

May 29, 1984  
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 11 1984, 12  
BY Eddie W. Seay  
TITLE Oil & Gas Inspector

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.

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JUN 4 1984

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C.C.O.  
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