	RECEIVED BY		
	JUN 28 1984		
	O, C. D.		
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT	ARTESIA, OFFICE		Form C-104
			Revised 10-01-78 Format 06-01-83
DISTRIBUTION SANTA FE	OIL CONSERVATION DIVISION		Page 1
PILE	SANTA FE, NEV		
LAND OFFICE		•	
TRANSPORTER GAS		REQUEST FOR ALLOWABLE	
PROBATION OFFICE		PORT OIL AND NATURAL GAS	
I. Operator			
Collier Energy, Inc.			
Address	esia, New Mexico 882	10	
Reason(s) for filing (Check proper box)	•	Other (Please explain)	
Now Well Fiecompletion	Change in Transporter of:	ry Gas	
Change in Ownership	Cazinghead Gas C	ondensate .	
If change of ownership give name			
and address of previous owner			
II. DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind of Lease	Lease No.
Lease Name Signal Ross	4 1	South 7 Rivers State, Foderal or F	•• Fed. NM-\$73240
Location		ne and Feet From The	North
Unit Letter B : 198	DFeet From TheEastLt	ne and / eet 1 toll the	
Line of Section 30 Town	ahip 19 Range	33 , ммрм,	Lea County
III. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURA	LGAS Address (Give address to which approved c	opy of this form is to be sent)
Name of Authorized Transporter of Oll X or Condensate Texas-New Mexico Pipe Line		D. D. 1510 Widland Texas 79702	
Name of Authorized Transporter of Castr	ighead Gas or Dry Gas	Address (Give address to which approved c	opy of this form is to be sent;
1	Unit Sec. Twp. Ros.	is gas actually connected? When	
If well produces oil or liquids, give location of tanks.	B 30 19 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			
VI. CERTIFICATE OF COMPLIAN		OIL CONSERVATION	N DIVISION
the transfer the piles and regulations of the Oil Conservation Division have		APPROVED	
been complied with and that the information given is true and complete to the best of my knowledge and belief.		ORIGINAL SIGNED BY	ERVISOR
ing knowledge and a start		TITLE	_
		This form is to be filed in com	pliance with RULE 1104.
Ulabie The		If this is a request for allowabl well, this form must be accompanied	DY a laburation of the destense
Production Clerk		tests taken on the well in accordan	e filled out completely for allo
(Title	)	able on new and recompleted wells.	I and VI for changes of owned
June 29, 1984 (Date)		Fill out only Sections I, II, III, and VI for changes of owns well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multip	
		Separate Forma C-104 must be completed wella.	. Hise for ascu boot in month

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