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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator DAVID C. COLLIER	
Address BOX 798, ARTESIA, NEW MEXICO 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	PRODUCTION CEASED AFTER POTENTIAL WELL IS NOW PRODUCING.
Recompletion ☐	
Change in ownership ☐	
Change in Transporter of:	
Oil ☐	
Casinghead Gas ☐	
Condensate ☐	

If change of ownership with well has been placed in the pool of production and address of previous owner is not known, you must so indicate. If you do not concur with the action of the Commission, you must so indicate. **6/11/75**

DESCRIPTION OF WELL AND LEASE		R-5063						
Lease No.	Well No.	Pool Name, Including Perforation	Kind of Lease	Lease No.				
FEDERAL 19	1	TONTO YATES SOUTH	FEDERAL					
Location								
Unit Letter	0	Feet From The	SOUTH	Line and	2310	Feet From The	EAST	
Line of Section	19	Township	19 SOUTH	Range	33 EAST	NMPM,	LEA	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
NAVAJO REFINING COMPANY	ARTESIA, NEW MEXICO 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
NONE	
If well is connected to a pipeline, give location of connection	Sec. 19 Twp. 19S Rge. 33E Is well daily connected? NO When

If this well is connected to a pipeline, give the name of the pipeline and the order number:

Designation of Completion	Oil Well ☒ Gas Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Sand Rest ☐ Other ☐		
Date Started	Date Compl. Ready to Prod.	Production	P.B.T.D.
7-2-74	7-18-74	3076	
Elevation (FEET, RT, GP, etc.)	Name of Producing Formation	Top of Pay	Tubing Depth
3008 KB	YATES SAND	2982	2980
Perforations			Depth Casing Shoe
2982-9A	2 SHOTS/FOOT		3072
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9 3/8"	8 3/8" 24#	252	175 #
7 7/8"	5 1/2" 15 1/2#	3072	500 #

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 better for full 24 hours)

Date First Test	Date of Test	Production Method (Flow, pump, gas lift, etc.)	
7-18-74	9-5-74	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	50#	50#	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
5 Bbls	5	10	NEGL.

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

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.

Robert A. Gleason

(Signature)
GEOLOGIST

(Title)
4-22-75
(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 20 1975**
BY **[Signature]**
TITLE **[Signature]**

This form is to be filed in compliance with RULE 1101.
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.