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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

FEB - 7 1994

I.

Operator Collins & Ware, Inc. ✓	Well API No. 30-015-26847
Address 303 W.Wall, Ste. 2200, Midland, TX 79701	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Allowable request Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Morrow Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sheep Draw Fed. Com. 2966	Well No. 1	Pool Name, including Formation Happy Valley [Mrw./Strawn]	Kind of Lease State, Federal or F&E	Lease No. NM 34247
Location Unit Letter B : 660 Feet From The No. Line and 2310 Feet From The East Line Section 33 Township 22S Range 26E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Pride P/L Co. 96062	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) POB 2436, Abilene, TX 79604				
Name of Authorized Transporter of Casinghead Gas El Paso Nat. Gas Co. 7057	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) POB 1492, El Paso, TX 79978				
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 33	Twp. 22S	Rge. 26E	Is gas actually connected? yes	When? 3-26-92

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X						
Date Spudded 12-7-92	Date Compl. Ready to Prod. 2-20-92	Total Depth 11735	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3282.4 GR	Name of Producing Formation Mrw. & Strawn	Top Oil/Gas Pay 10203	Tubing Depth 11264					
Perforations 10203-10304 [Strawn]; 11288-11384, 11515-11612 [Morrow]			Depth Casing Shoe 10742					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	417.15	425					
12 1/4"	9 5/8"	1630.34	1050					
8 1/2"	7"	10742	2050					
6 1/2"	4 1/2"	11733	215					

V. 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 Tank	Date of Test 1-1-94	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 492 [Morrow]	Length of Test 24	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) test separator	Tubing Pressure (Shut-in) 1250	Casing Pressure (Shut-in) 50	Choke Size open

VI. OPERATOR 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.

Signature
Max Guerry
Printed Name
2-1-94
Date
Regulatory Mgr.
915-687-3435
Title
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 1 1994

By

Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.