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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**

I.

Operator Collins & Ware, Inc.	Well API No. 30-025-31394
Address 303 W. Wall, Suite 2200, Midland, Texas 79701	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) <i>Test allow Nov. 1992</i>	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: This well has been shut in since 1/3/92.
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Asking permission to move 250 barrels of test
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> oil out of Frac tank.

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name BW 31 Federal	Well No. 1	Pool Name, Including Formation Livingston Ridge Delaware	Kind of Lease State (Federal) MMCF	Lease No. NM-85932
Location Unit Letter <u>M</u> : <u>330</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>31</u> Township <u>21 South</u> Range <u>32 East</u> , 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"/>	Address (Give address to which approved copy of this form is to be sent) 2500 City West Blvd., Houston, Texas 77042			
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.	Unit M	Sec. 31	Twp. 21S	Rge. 32E
Is gas actually connected? _____ When? _____				

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 10/8/91	Date Compl. Ready to Prod. 11/26/91 (non-commercial)		Total Depth 8560'		P.B.T.D. 8520'			
Elevations (DF, RKB, RT, GR, etc.) 3602 GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 7165		Tubing Depth No tubing in the hole			
Perforations 7165' - 7222'				Depth Casing Shoe 8559'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		802		820			
12-1/4	8-5/8		4519		1850			
7-7/8	5-1/2		8557		1055			

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 11/27/91	Date of Test 12/20/92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure --	Casing Pressure 150	Choke Size
Actual Prod. During Test	Oil - Bbls. 5	Water - Bbls. 103	Gas- MCF Not measured

GAS WELL ***NOTE: Well has been shut in since 1/3/92, non-commercial production.

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Sheryl L. Jones
 Signature
 Sheryl L. Jones Agent for Collins & Ware, Inc.
 Printed Name
 11/11/92 (915) 683-5511
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 17 '92

By ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR

Title _____

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.