## District [

## State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104

Revised February 10, 1994

Instructions on back
Submit to Appropriate District Office

10 Box 1964	), Hobbe,	NM	<b>89</b> 241-1	7
District II				

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Collins Oil & Gas Corporation							<u> </u>	004889			
P.O. Box 2443								Remon for Flling Code			
	Roswell, NM 88202-2443					CH 7-					
' A	11 Number		····		Pool !				07/0	' Pool Code	
30 - 0 05-61998 LE RANCH SAN ANDRES						37480 ' Well Number					
' Property Code ' Proper 999428 19244 PLAINS 29					•	y Name 5					
				PLAINS	29						
l or lot so.	Section	Location Township	Range	Lot.lda	Feet from the	North/Se	nuth Line	Feet from the	East/West II.	County	
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Loriot no.	Section	Township	Range	Lot Ida	Feet from the	North/S	outh line	Feet from the	East/West IIn	e County	
				<u></u>	1 0 0 100	Permit Number	<del>_                                    </del>	C-129 Effective	Date "	C-129 Expiration Data	
Lae Code	" Produc	ing Method C	ode '' Ca	Connection U	C-127						
I. Oil a	nd Gas	Transpo	rters				11 O/G		POD ULSIR	Location	
Transpo	rter		Transporter			" 100 5610	0/6		and Descri		
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VI. We	ll Test			<del></del>	A op a fix a .	H Tank	Length	H The.	Pressure	" Cag. Pressure	
Dat	e New Oil	n Gr	n Delivery De	ile '	* Test Date	181	*VIIZIO				
<u> </u>			" Oil		d Water		Gas		AOF	" Test Method	
" CI	hoke Size		Ou	1	***************************************						
4   herehv	certify that the	ne rules of the	Oil Conservat	ion Division bay	e been complied	<u></u>	OU C	ONSERVA	ים אחוד.	VISION	
with and th	at the inform	ation given ab	ove is true and	l complete to the	best of my						
Signature:	knowledge and belief.  Signature:						st	JPERVISOR,	DISTRICT		
Printed nam	J.	Le Cul				Title:					
Title:	ROY D. COLLINS				Approval Date		11 _ S &	)YYC			
Date:	<u>Pres</u> 6-26	s. Collins	S O/G I'hon	e: 623–204(			¥	· · · · · · · · · · · · · · · · · · ·	15 <sub>1</sub> 0		
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IF THIS IS AN AMENDED REPORT. CHECK "AMENDED REPORT" AT THE TOP OF THIS L E BOX LABLED

Report all gas volumes at 15,025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the Dietrict office. 2.
- Resean for filling code from the following table:
  NW New Well
  RC Recompletion 3.

Recompletion

RC Recompletion
CH Change of Operator
AO Add oil/condensate transporter
CO Change oil/condensate transporter
AG Add gas transporter
CG Change gas transporter
RT Request for test allowable (Include volume requested)
If for any other reason write that reason in this box.

- The API number of this well
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 9 The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- The bottom hole location of this completion 11.
- Lease code from the following table:
  F Federal
  S State
  P Fee 12.

Jicarilla.

N N L Navajo Ute Mountain Ute Other Indian Tribe

- 13. The producing method code from the following table: Flowing
  Pumping or other artificial lift

- 14. MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17.
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.

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- Product code from the following table:
  O Oil 21.

- The ULSTR ion of this POD if it is different from the well completed scatton and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- 33. Number of eacks of cement used per casing string

The following teet data is for an oil well it must be from a teet conducted only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced
- 36. MO/DA/YR that gas was first produced into a pipeline
- 36 MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 41. Barrele of oil produced during the test
- 42. Barrele of water produced during the test
- 43. MCF of gae produced during the test
- 44. Gae well calculated absolute open flow in MCF/D
- The method used to test the well:
  F Flowing
  P Pumping
  S Swabbing 45

If other method please write it in.

- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 46.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.