## District I PO Box 1980, Hobbs, NM 28241-1980 District II

## State of New Mexico Energy, Minerale & Natural Resources Depa

Form C-104 Revised February 10, 1994 Instructions on back

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Collins Oil & Gas Corporation V P.O. Box 2443							Reason for Filing Code						
Roswell, NM 88202-2443											_		
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	30 - 0 05-62294							rty Name			¹ Well Number		
' Property Code - <del>009423</del> 19245			MABFL				(TRDec			4			
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UL or lot no.		Township		Feet	t from the North/South line		outh line	Feet from the	East/West II	ne County			
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	nd Gas '	Transpo	rters										
"Transporter			" Transporter Name				POU CO	11 O/G		POD ULSTR Location and Description			
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" Che	oke Size	1	" Oil " Water				o Gas		" /	" AOF			
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Signature:	,							Approved by: SUPERVISOR, DISTRICT !!					
Printed name	" POV D					Tic	Title:						
ROY D. COLLINS						Ap	Approval Date: JUL - 3 1996						
Date:		Collins	0/G I*hone: 623–2040						-				
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0101		o Operator S			21/20		Printed Name			Title	1) ate		

IF THIS IS AN AMENDED REPORT, CHECK T "AMENDED REPORT" AY THE TOP OF THIS DOL NT 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.

1. 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.

Reason for filling code from the following table:

NW New Well

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 4.

5. The name of the pool for this completion

The pool code for this pool 6.

7. The property code for this completion

8. The property name (well name) for this completion

The well number for this completion 9.

The surface location of this completion NOTE: If the 10 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.

11 The bottom hole location of this completion

Lease code from the following table:
F Federal
S State
P Fee 12.

Jicarilla

Navajo Ute Mountain Ute

Other Indian Tribe

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

MO/DA/YR that this completion was first connected to a gas transporter 14.

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

17. MO/DA/YR of the expiration of C-129 approval for this completion

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.

Product code from the following table: 21.

Oil Gas

The ULSTR loc well completion (Example: "Batte; y A", "Jones CPD",etc.) 22.

23. 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 sesign a number and write it here.

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 CPO Water Tank", etc.) 24.

26. 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

Outside diameter of the casing and tubing 31.

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 test conducted only after the total volume of load oil is recovered.

34. MO/DA/YR that new oil was first produced

MO/DA/YR that gas was first produced into a pipeline 36

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. Barrels of oil produced during the test

42. Barrels of water produced during the test

43. MCF of any produced during the test

44. Gas 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 eignature, 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.