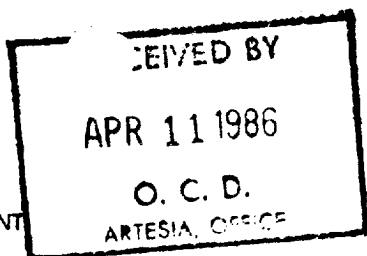


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Roy Collins Drilling ✓

Address Rt. 4, Box 501 CC, Roswell, NM 88201

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 6-15-84
UNLESS AN EXCEPTION TO:
RULE 306 IS OBTAINED
2-756

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Frank "P" State</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Disablo San Andres</u>	Kind of Lease <u>State, Redrock Perm</u>	Lease No. <u>LG-5246</u>
Location				
Unit Letter <u>P</u>	: <u>330</u>	Feet From The <u>South</u>	Line and <u>330</u>	Feet From The <u>East</u>
Line of Section <u>21</u>	Township <u>10S</u>	Range <u>27E</u>	NMPM, <u>Chaves</u>	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)
<u>Navajo Refining Co.</u>	<u>501 E. Main Street, Artesia, NM 88210</u>
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 Sec. Twp. Rge. Is gas actually connected? When
	P 21 10S 27E

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Roy H. Collins
(Signature)

Collins
(Title)

4-10-86
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 14 1986, 19 _____

BY Les A. Clement

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-13-86	Date Compl. Ready to Prod. 4-6-86		Total Depth 2131		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) 3853 GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 2050		Tubing Depth 2117				
Perforations 2048, 49, 50, 55, 59, 71, 72, 73, 86, 88, 92, 96, 2104, 10, 12, 16, 17, 18, 22, 23, 24					Depth Casing Shoe 2131				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10-3/4	8-5/8 J-55	413	125
8	5 1/2 J-55	2131	350
5 1/2" casing	2-3/8 J-55	2117	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks 4-6-86	Date of Test 4-7-86	Producing Method (Flow, pump, gas lift, etc.) Swabbed thru tubing	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure 200	Choke Size
Actual Prod. During Test 40	Oil - Bbls. 40	Water - Bbls. 0	Gas - MCF small amount

GAS WELL

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