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ARTESIA, OFFICESTATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENTForm C-104  
Revised 10-01-78  
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## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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U.S.G.S.	<input type="checkbox"/>	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>	<input type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROMOTION OFFICE	<input type="checkbox"/>	<input type="checkbox"/>

I. Operator Roy Collins Drilling Co.

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:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

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>3</u>	Pool Name, Including Formation <u>Diablo-SanAndres, Slaughter</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>LG-5246</u>
Location				
Unit Letter <u>P</u> ; <u>330</u> Feet From The <u>East</u> Line and <u>990</u> Feet From The <u>South</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
	<u>P</u>	<u>21</u>	<u>10S</u>	<u>27E</u>	<u>NO</u>	

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 A. Collins  
(Signature)

Owner  
(Title)

4-25-87  
(Date)

## OIL CONSERVATION DIVISION

APPROVED APR 23 1987, 19\_\_\_\_

BY Original Signed By  
Les A. Clements

TITLE Superintendent

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
1-1-87	4-24-87		2117						
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
3854 GL	Slaughter		<del>1790</del> 2042			1980			
Perforations						Depth Casing Shoe			
2042, 48, 50, 57, 58, 59, 66, 70, 73, 74, 87, 92, 93, 94, 2106, 2113, 2114, 2115						2117			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 $\frac{1}{2}$ "		8-5/8" J-55		430		200			
8"		5 $\frac{1}{2}$ " J-55		2117		300			
		2-7/8" J-55		<del>1955</del> 1981					

#### 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
4-14-87	4-23-87	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	80	90	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
72	72	0	TSTM

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