

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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RECEIVED CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

AUG 25 '87

O. C. D. REQUEST FOR ALLOWABLE  
AND  
ARTESIA OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator  
Roy Collins Drilling Co.  
Address  
Rt. 4, Box 501-CC, Roswell, NM 88201  
Reason(s) for filing (Check proper box)  
☒ New Well  
☐ Recompletion  
☐ Change in Ownership  
Change in Transporter of:  
☐ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☐ Condensate  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Frank "P" State	Well No. 4	Pool Name, Including Formation Diablo-San Andres	Kind of Lease State, Federal or Fee State	Lease No. LG-5246
Location Unit Letter <u>I</u> : 1980 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, Chaves 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"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) 501 E. Main Street, Artesia, NM	
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 <u>I</u>	Sec. <u>21</u>
	Twp. <u>10S</u>	Rge. <u>27E</u>
	Is gas actually connected? <u>no</u>	
	When <u>8-26-87</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: no

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 L. Collins  
(Signature)  
Owner  
(Title)  
8-20-87  
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 26 1987, 19

BY Original Signed By

TITLE Les A. Clements

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.

# 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.			
5-17-87	8-14-87		2110						
Measurements (DF, RKB, RT, GK, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
3850 GL	San Andres		2057 2058			2100			
Measurements						Depth Casing Shoe			
2058, 2064, 2065, 2066, 2074, 2078, 2084, 2088, 2090, 2095, 2097						2110			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8-5/8, J-55	422	200
8	5 1/2" J-55	2110	300
	2-7/8, J-55	2100	

## 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.)	
8-14-78	8-15-78	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.		40	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
12 bbls.	12	0	TSTM

## S 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