

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

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

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

JUN 06 '88

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Collins Oil & Gas Corporation	
Address P. O. Box 2443, Roswell, NM 88202-2443	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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 Paula "K" State	Well No. 1	Pool Name, Including Formation Diablo San Andres	Kind of Lease State, Federal or Fee	State State	Lease No. LG-5246
Location					
Unit Letter <u>J</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>1650</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)															
Permian Corporation	P. O. Box 1183, Houston, TX 77251															
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)															
<table border="1"> <tr> <td>If well produces oil or liquids, give location of tanks.</td> <td>Unit</td> <td>Sec.</td> <td>Twp.</td> <td>Rge.</td> <td>Is gas actually connected?</td> <td>When</td> </tr> <tr> <td></td> <td>J</td> <td>21</td> <td>10S</td> <td>27E</td> <td>NO</td> <td>6-12-88</td> </tr> </table>			If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When		J	21	10S	27E	NO	6-12-88
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When										
	J	21	10S	27E	NO	6-12-88										

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.

Ray H. Collins Collins Oil & Gas Corp.
(Signature)
President
(Title)
June 6, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 9 1988, 19_____
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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.			
03/25/88	06/04/88		2075'						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
3846 GL	San Andres		1980'			2060'			
Perforations		2021, 2030, 2038			Depth Casing Shoe				
1984', 1985, 1986, 1987, 1992, 1996, 1997, 2009, 2010, 2011, 2012, 2020					2075'				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12 $\frac{1}{2}$ "	8 5/8"		412"			200			
7"	4 $\frac{1}{2}$ "		2075'			225			
	2 3/8"		2060'						

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.)	
06/04/88		06/05/88	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 hrs.		60 lb.		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	
45	45	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