

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

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OCT 06 '88

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
CRISTIA OFFICE

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	CASINGHEAD GAS MUST NOT BE
<input type="checkbox"/> Recompletion	PLACED AFTER 12/6/88
<input type="checkbox"/> Change in Ownership	UNLESS AN EXCEPTION TO:
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	RULE 306 IS OBTAINED
If change of ownership give name and address of previous owner	
EX # 2-801	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Stone Brothers State	Well No. 2	Pool Name, including Formation Diablo-San-Andres	Kind of Lease State, Federal or Fee State	Lease No. LG-5246
Location Unit Letter <u>A</u> : <u>990</u> Feet From The <u>North</u> Line and <u>430</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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) 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) Part ID-2 10-14-88 camp & BK					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 21	Twp. 10S	Rge. 27E	Is gas actually connected? no	When 10-14-88 camp & BK

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 M. Collins
(Signature)
President, Collins Oil & Gas Corp.
(Title)
October 6, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 7 1988, 19
BY Original Signed By
Mike Williams
TITLE

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-5-88	Date Compl. Ready to Prod. 9-30-88		Total Depth 2131			P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.) 3858 GL	Name of Producing Formation San-Andres		Top Oil/Gas Pay 2062 2064			Tubing Depth 2090			
Perforations 2064, 2065, 2066, 2067, 2076, 2084, 2085, 2086, 2090, 2091, 2095, 2109, 2123, 2125						Depth Casing Shoe 2131			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12 $\frac{1}{2}$	8-5/8 J-55		417			200			
8	5 $\frac{1}{2}$ J-55		2131			200			
	2 $\frac{7}{8}$ J-55		2090						

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 10-1-88	Date of Test 10-3-88	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure 30	Choke Size
Actual Prod. During Test 12	Oil - Bbls. 12	Water - Bbls. 0	Gas - MCF 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