

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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SANTA FE	<input checked="" type="checkbox"/>
ILE	<input checked="" type="checkbox"/>
S.O.S.	
AND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
PERATOR	<input checked="" type="checkbox"/>
CONTRIBUTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2038

SANTA FE, NEW MEXICO 87501

RECEIVED BY

JAN 16 1987

O. C. D.
ARTESIA, N.M.

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

operator Delmar W. Berry

address P.O. Box 512 Alto ³³⁶⁻⁴²⁴⁷ New Mexico 88312

reason(s) for filing (Check proper box)

☐ New Well
☐ Recompletion
☒ Change In Ownership
☐ Change In Transporter of:
☒ Oil
☐ Casinthead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)

change of ownership give name Collins Energy Inc. Driller L
address of previous owner John Schoenmaker 20 Gary Dr Artesia N.M. 88310

DESCRIPTION OF WELL AND LEASE

Well Name <u>Kissinger</u>	Well No. <u>#1</u>	Pool Name, including Formation <u>Atoka SA</u>	Kind of Lease State, Federal or Fee <u>FEE</u>	Lease No.
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Unit Letter C : 330 Feet From The North Line and 2310 Feet From The West

Line of Section 10 Township 18S Range 26E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refinery</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 159 Artesia nm</u>
Authorized Transporter of Casinthead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>Post ID-3</u> <u>1-23-87</u> <u>chg op</u>

well produces oil or liquids, or location of tanks.	Unit <u>C</u>	Sec. <u>10</u>	Twp. <u>18</u>	Rge. <u>26</u>	Is gas actually connected? <u>Yes</u>	When <u>1-23-87</u> <u>chg op</u>
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his 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.

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.

John Schoenmaker
(Signature)
Owner
(Title)
Jan 9, 1987
(Date)

OIL CONSERVATION DIVISION

JAN 22 1987

APPROVED _____, 19 _____

BY _____ Original Signed By
Leslie A. Clements
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.

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Is Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Locations (DF, RAB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Locations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Oil Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

WELL

Oil Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing Method (pilot, back pr.)	Tubing Pressure (Chart-in)	Casing Pressure (Chart-in)	Choke Size