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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION RECEIVED

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

APR 19 1993

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

CLSF  
LT  
GT  
lp

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Collins & Ware, Inc.	Well API No. 30-015-25243
Address 303 W. Wall, Suite 2200, Midland, Texas 79701	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Happy Valley Fed Com	Well No. 1	Pool Name, Including Formation <del>Happy Valley</del> (Wolfcamp)	Kind of Lease State Federal or Fee	Lease No. NM 59378
Location				
Unit Letter G : 1780 Feet From The North Line and 1830' Feet From The East Line				
Section 28 Township 22 South Range 26 East, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Scurlock Permian	2500 City West Blvd., Houston, Texas 77042					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Llano, Inc.	P. O. Box 1320, Hobbs, New Mexico 88210					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 28	Twp. 22S	Rge. 26E	Is gas actually connected? yes	When? 1987

If this production is commingled with that from any other lease or pool, give commingling order number:

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		X		X
Date Spudded 3/2/93 (PB)	Date Compl. Ready to Prod. 3/8/93 (PB)		Total Depth 11,682' (top of fish)		P.B.T.D. 10,120' (RBP)			
Elevations (DF, RKB, RT, GR, etc.) 3336.5 GL	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9571'		Tubing Depth 9102.35'			
Perforations 9571' - 9586' (61 holes)					Depth Casing Shoe 11,838			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	1647	2000 Post ID-2
12-1/4	9-5/8	2595'	775 4-30-93
8-1/2	5	11,838	2000 Almad. Mar.
		D.V. toll at 5316'	Almad. Steam

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL

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

GAS WELL

Actual Prod. Test - MCF/D 509	Length of Test 24 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pitot, back pr.) Back pressure	Tubing Pressure (Shut-in) 3600	Casing Pressure (Shut-in) Packer	Choke Size full

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature  
Sheryl L. Jonas

Printed Name  
Sheryl L. Jonas Agent for Collins & Ware, Inc.

Date  
April 14, 1993

Telephone No.  
(915) 683-5511

OIL CONSERVATION DIVISION

APR 26 1993

Date Approved

By

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.