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	Energy, Minerals and N	New Mexico latural Resources Department	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
DISTRICT II P.O. Drawer DD, Attenia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	P.O. Santa Fe, New I REQUEST FOR ALLOW	Box 2088 Mexico 87504-2088	U.C.D. TION
I. Operator <u>Collins & Ware, Inc.</u> Adduces	· · · · · · · · · · · · · · · · · · ·		Well API No. 3001 52 557 5
<u>303 W. Wall, Suite 2</u> Reason(r) for Filing (Check proper box) New Well Recompletion	200, Midland, Texas 79 Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate on Corporation, P. O. B	701 Other (Please explain) ox 4721, Houston, Te	exas 77210-4721
U. DESCRIPTION OF WELL Lease Name J.A. Tomaino Federal Location	Com 1 Pool Name, Inclu Com 1 Happy Va	lley Morrow (Gas)	Kind of Lease Lease No. State Federal of Fee XXXX NM 45229
Unit Letter L Section 27 Townsh		outh Line and <u>660</u> East , NMPM, Edu	Country
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil Scurlock Permian Name of Authorized Transporter of Casin	SPORTER OF OIL AND NATU or Condensate XX ghead Gas or Diy Gas XX	<u>2500 City West Bly</u> Address (Give address to which o	rywoved copy of this form is to be sent) v.d. Houston, TX 77042 pproved copy of this form is to be sent)
Llano, Inc. If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. L 27 22S 26E from any other lease or pool, give comming	Ves	obbs, New Mexico 88210 When 7 1987
IV. COMPLETION DATA Designate Type of Completion Date Spudded	Oil Well Gas Well		cepen Plug Back Same Res'v Diff Res'v
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Cas Pay	Tubing Depth Depth Casing Shoe
Perforations HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET	SACKS CEMENT Post ID-3 13-11-92 chag ap
V. TEST DATA AND REQUES OIL WELL (Test must be after r Date First New Oil Run To Tank	T FOR ALLOWABLE ecovery of total volume of load oil and must Date of Test	be equal to or exceed top allowable Producing Method (Flow, purp, g	e for this depth or be for full 24 hours.) as lýt, etc.)
Lenguli of Test	Tubing Pressure	Casing Pressure	Choke Size Gas- MCF
Actual Frod. During Test GAS WELL	Oil - Bbls.	Bols. Condensate/NUACI	Gravity of Condensate
Actual Prod. Test - MCI/D Testing Method (pilot, back pr.)	Length of Test Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
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.		OIL CONSERVATION DIVISION Date Approved	
Sheryl L. Jonas/Agent Printed Name December 1, 1992 Date	for Collins & Ware, Inc Tide (915) 683-5511 Telephone No.	Title	JPERVISOR, DISTRICT I

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.