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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

RECEIVED

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

OIL CONSERVATION DIVISION MAY - 5 1992

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

O. C. D.
OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Collins & Ware, Inc.	Well API No. 30015268470
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 checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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 Sheep Draw Federal Comm	Well No. 1	Pool Name, including Formation Happy Valley (Strawn)	Kind of Lease State, Federal or Fee	Lease No. NM-34247
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>east</u> Line Section <u>33</u> Township <u>22 South</u> Range <u>26 East</u> , NMPM, <u>Eddy</u> 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) 2500 City West Blvd., Houston, TX 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) P. O. Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 33	Twp. 22S	Rge. 26E	Is gas actually connected? yes	When? 3/26/92

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					
Date Spudded 12/7/92	Date Compl. Ready to Prod. 2/20/92		Total Depth 11,735'		P.B.T.D. 10,620'			
Elevations (DF, RKB, RT, GR, etc.) 3282.4' GR	Name of Producing Formation Strawn		Top Oil/Gas Pay 10,292'		Tubing Depth 10,304.50			
Perforations 10,292' - 10,304'					Depth Casing Shoe 10,742'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8"		417.15		425			
12 1/4"	9-5/8"		1630.34'		1050			
8 1/2"	7"		10,742'		Total 2050 sacks			
6 1/2"	4 1/2" liner		Top 10,646', Bottom 11		733.44' 215 sacks			

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.) Post ID-2 5-26-92 comp & BH	
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 1920	Length of Test 8	Bbls. Condensate/MMCF -0-	Gravity of Condensate NA
Testing Method (pilot, back pr.) Separator	Tubing Pressure (Shut-in) 2700 psig	Casing Pressure (Shut-in) Packer	Choke Size Various

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
James F. O'Briant
James F. O'Briant Agent for Collins & Ware
Printed Name
April 30, 1992
Date
Title
(915) 683-5511
Telephone No.

OIL CONSERVATION DIVISION

MAY 20 1992

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells