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

**RECEIVED**  
NOV 6 1992  
  
O. C. D.  
1992-03-03  
  
Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

**I.**

Operator Collins & Ware, Inc. ✓	Well API No. 30-015-27015
Address 303 W. Wall, Suite 2200, Midland, Texas 79701	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) CASINGHEAD GAS MUST NOT BE 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"/> FLAMED AFTER 11/10/93 UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED	
If change of operator give name and address of previous operator	

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Sheep Draw Federal	Well No. 2	Pool Name, Including Formation Happy Valley Delaware	Kind of Lease <del>State</del> Federal <del>or</del> Fee	Lease No. NM-34247
Location Unit Letter <u>B</u> : 990 Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Amoco Pipeline Company	Address (Give address to which approved copy of this form is to be sent) 502 N. West Avenue, Levelland, TX 79336-3914					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	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. 22	Rge. 26	Is gas actually connected? No	When? Waiting on line to be built.

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 9/14/92	Date Compl. Ready to Prod. 10/23/92		Total Depth 4990		P.B.T.D. 4950			
Elevations (DF, RKB, RT, GR, etc.) 3286.2' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 4580'		Tubing Depth 4609'			
Perforations 4580' - 4596' (33 holes)					Depth Casing Shoe 4989			
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		348		1225 Part ID-2			
12-1/4	8-5/8		1646		1000 12-11-92			
7-7/8	5-1/2		4990		First 300 camp & BK			
D.V. tool at 3302'			Second 485					

**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 10/23/92	Date of Test 11/3/92	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 140 psig	Casing Pressure 470 psig	Choke Size 16/64"
Actual Prod. During Test 55 barrels	Oil - Bbls. 55	Water - Bbls. 20	Gas- MCF 80

**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

**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.

Sheryl L. Jonas  
Signature  
Sheryl L. Jonas Agent for Collins & Ware  
Printed Name Title  
11/5/92 (915) 683-5511  
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved NOV 13 1992

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

**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.