

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

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

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

JUN 29 1993

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, Ste. 2200, Midland, TX 79701	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Installation of artificial lift; and Change in Operator <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> application for allowable increase. Chg. in transporter of csggas	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sheep Draw Fed.	Well No. 2	Pool Name, Including Formation Happy Valley(Delaware)	Kind of Lease State, Federal or XXX	Lease No. NM34247
Location Unit Letter <u>B C</u> : <u>990</u> Feet From The ENL <u>Line and 2310</u> Feet From The FWL <u>Line</u> Section <u>33</u> Township <u>22S</u> Range <u>26E</u> , NMPM, Eddy 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 PL Intercompany Trucking	Address (Give address to which approved copy of this form is to be sent) 502 N. West Ave., Levelland, TX 79336-3914					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Llano, Inc.	Address (Give address to which approved copy of this form is to be sent) POB 1320, Hobbs, NM 88210					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 33	Twp. 22S	Rge. 26E	Is gas actually connected? yes	When? 6-10-93

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v <input checked="" type="checkbox"/>	Diff Res'v
Date Spudded 9-14-92	Date Compl. Ready to Prod. 6-10-93		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' (33holes)					Depth Casing Shoe 4989			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	348	1225
12 1/4	8 5/8	1646	1000
7 7/8	5 1/2	4990	First 300
D.V. Tool @ 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 6-20-93	Date of Test 6-21-93	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 127	Water - Bbls. 177	Gas - MCF 254

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.

Signature Max Guerrey Regulatory Mgr.
Printed Name 6-28-93 Title
Date 915-687-3435 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 29 1993

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.