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State of New Mexico
Energy, Minerals and Natural Resources Department

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

RECEIVED
JUL 26 1993
Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page
O.C.D.

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Collins & Ware, Inc.		Well API No. 30-015-27032
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 Ram Ewe Federal	Well No. 1	Pool Name, Including Formation Happy Valley (Morrow)	Kind of Lease XXX Federal XXX	Lease No. NM0331649 (A)
Location Unit Letter J : 1980' Feet From The east Line and 1980' Feet From The south Line Section 33 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)
Amoco Pipeline Intercompany Trucking	502 NW Avenue, Levelland, Texas 79336-3914
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.	Is gas actually connected? When?
J	no estimated 8/9/93

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		XX	XX					
Date Spudded 5/2/93	Date Compl. Ready to Prod. 7/6/93	Total Depth 11,750'		P.B.T.D. 11,697'				
Elevations (DF, RKB, RT, GR, etc.) 3314.8' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 10,998'		Tubing Depth 10,948.65'				
Perforations 10,998' - 11,006' and 11,161' - 11,171'				Depth Casing Shoe 11,750'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17-1/2	13-3/8	471		625 Post ID-2				
12-1/4	9-5/8	1659		600 8-13-93				
8-1/2	7	9011		1075 comp + BLK				
6	4-1/2 (liner)	11,750 (Bottom)		360				

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.)	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water - Bbls.	Gas - MCF
Actual Prod. During Test	Oil - Bbls.		

GAS WELL

Actual Prod. Test - MCF/D 1403	Length of Test 4 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pitot, back pr.) back pressure	Tubing Pressure (Shut-in) 3180	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
Sheryl L. Jonas
Printed Name
Sheryl L. Jonas Agent for Collins & Ware
Date
July 20, 1993
Telephone No.
(915) 683-5511

OIL CONSERVATION DIVISION

Date Approved
By
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.