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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 14 1993

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

CLSF
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OP

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|--|--|------------------------------|
| Operator COLLINS & WARE INC. | | Well API No. 30-015-27341 |
| Address 303 W. Wall, Ste. 2200 Mid Tx 79701 | | |
| Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) Request test allowable Recompletion <input type="checkbox"/> for June of 800bbls. Request allow- Change in Operator <input type="checkbox"/> able for July. Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <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 | Well No. 3 | Pool Name, Including Formation Happy Valley Delaware | Kind of Lease State Federal or Fee | Lease No. NM 34247 |
| Location Unit Letter F : 1980' Feet From The North Line and 1980 Feet From The West Line Section 33 Township 22S Range 26E, 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 Pipeline Intercompany Trucking | Address (Give address to which approved copy of this form is to be sent) 502 NW Avenue, 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) 921 W. Sanger, Hobbs, NM 88240 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit F | Sec. 33 | Twp. 22S | Rge. 26E | Is gas actually connected? yes | When? May 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 | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded 3-22-93 | Date Compl. Ready to Prod. 6-21-93 | Total Depth 5000' | P.B.T.D. 2544 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3299.1 Gr. | Name of Producing Formation Delaware | Top Oil/Gas Pay 2506 | Tubing Depth 2394 | | | | | |
| Perforations 2506-2544; 73 holes | | | Depth Casing Shoe | | | | | |

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|-------------------|
| 17.5 | 13 3/8 | 450' | 500 SX Pat ID 2 |
| 12.25 | 8 5/8 | 1650' | 570 SX 8-6-93 |
| 7.875 | 5 1/2 | 5000' | 850 SX comp + 7AH |

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 June 93 | Date of Test 7-3-93 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 hrs. | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test 107 | Oil - Bbls. 64 | Water - Bbls. 43 | Gas - MCF 13 |

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 Guerry
Printed Name
7-12-93
Date
(915) 687-3435
Telephone No.

Regulatory Manager

OIL CONSERVATION DIVISION

Date Approved JUL 23 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.