

RECEIVED

AUG 18 1993

Submit 5 Copies
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

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

45F
OpREQUEST 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, 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"/> allowable increase; open additional Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> existing perfs in Delaware.		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sheep Draw Fed.	Well No. 3	Pool Name, Including Formation Happy Valley Delaware	Kind of Lease State, Federal or Fee XXX	Lease No. NM 34247
Location Unit Letter F : 1980 Feet From The No. 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 Pride Pipeline Co. <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) POB 2436, Abilene, TX 79604					
Name of Authorized Transporter of Casinghead Gas Llano, Inc. <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 X	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. 4604				
Elevations (DF, RKB, RT, GR, etc.) 3299.1 GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 2506 & 4595		Tubing Depth 4373			
Perforations 2506-2544(73holes): 4595-4604(37 holes).			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17.5	13 3/8		450		500 SX			
12.25	8 5/8		1650		570 SX			
7.875	5 1/2		5000		850 SX			
	2 7/8		4373					

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 8-16-93	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 211	Water - Bbls. 135	Gas - MCF 100

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 Regulatory Mgr.
Printed Name 8-17-93 Title 915-687-3435
Date Telephone No.

OIL CONSERVATION DIVISION
AUG 24 1993

Date Approved

By ORIGINAL SIGNED BYTitle MIKE WILLIAMS
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.

10

ORIGINAL FILED IN
CIVIL DIVISION
SUPERVISOR DISTRICT 4