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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

SEP 16 1993

O.C.D.

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

clse
BT
DP

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Collins & Ware, Inc.</u>		Well API No. <u>30-015-27488</u>
Address <u>303 W. Wall, Ste. 2200, Midland, TX 79701</u>		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	Request test allowable and move test oil of 1000 bbls.
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 <u>Sheep Draw Fed.</u>	Well No. <u>4</u>	Pool Name, Including Formation <u>Happy Valley Delaware</u>	Kind of Lease <input checked="" type="checkbox"/> State, Federal <input type="checkbox"/> Other	Lease No. <u>NM 34247</u>
Location				
Unit Letter <u>N</u> : <u>330</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u> Line				
Section <u>28</u> Township <u>T22S</u> Range <u>R26E</u> , <u>NMPM</u> , <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"/>	Address (Give address to which approved copy of this form is to be sent) <u>POB 2436, Abilene, TX 79604</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>POB 1320, Hobbs, NM 88210</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>N</u>	Sec. <u>28</u>	Twp. <u>22S</u>	Rge. <u>26E</u>	Is gas actually connected? <u>yes</u>	When? <u>8-20-93</u>

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded <u>7-26-93</u>	Date Compl. Ready to Prod. <u>8-20-93</u>		Total Depth <u>5002</u>		P.B.T.D. <u>4600</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3281 GL</u>	Name of Producing Formation <u>Delaware</u>		Top Oil/Gas Pay <u>4588</u>		Tubing Depth <u>4600</u>			
Perforations <u>4588-4598</u>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2"</u>	<u>13 3/8" 54.5#</u>		<u>375</u>		<u>370/surf.</u>			
<u>11</u>	<u>8 5/8 32#</u>		<u>1650</u>		<u>1050</u>			
<u>7 7/8</u>	<u>5 1/2 15.5</u>		<u>5002</u>		<u>820</u>			

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 <u>9-1-93</u>	Date of Test <u>9-8-93</u>	Producing Method (Flow, pump, gas lift, etc.) <u>pump</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>38</u>	Water - Bbls. <u>205</u>	Gas - MCF <u>10</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

Max Guerry
Signature
Regulatory Mgr.
Printed Name
98-93
Date
915-687-3435
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 14 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.