Submit 5 Copies
Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION NOV - 1 1993

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, N	M 87410	5-6
· ·		DECHECT

1000 Rio Brazos Rd., Aztec, NM	87410			J04-2000	· , 34\$*.		v		
I.	HEQUEST	FOR ALLOWA	ABLE AND	AUTHOF	RIZATIO	N			
Operator	<u> </u>	RANSPORT O	IL AND N	ATURAL C	SAS				
·	/	l Wa					ell API No.		
Collins & Ware, I	c. /					0-015-27632			
	2200 Madiana	m: 70704							
303 W. Wall, Ste. Reason(s) for Filing (Check proper	2200, Midiand,	TX /9/01							
New Well		in Transporter of:		ther (Please exp					
Recompletion	Oil	Dry Gas	Allo	wable re	quest				
Change in Operator	Casinghead Gas	Condensate							
If change of operator give name and address of previous operator	Changilla Out	Condensate							
II. DESCRIPTION OF W	FILL AND I FACE								
Lease Name		O Pool Name Jestin	din a Paranti						
Dall Fed.	1	Well No. Pool Name, Including Formation Kin Happy Valley Delaware			d of Lease Lease No.				
Location		mappy vari	rey Delay	vare		te, rederal of	NM 8	8115	
Unit Letter K	: 1980	Feet From The	South Li	ne and 1980		Feet From The	West_	Lir	
Section 33 To	waship 22S	Range 26E	. N	тмрм, Ес	ldy		_		
III. DESIGNATION OF T	DANCROPER OF			ivii ivi, EC	iuy			County	
III. DESIGNATION OF T. Name of Authorized Transporter of	KANSPURTER OF	JIL AND NATU	RAL GAS		-				
Pride P/L Co.	Oil X or Cond	ensate	Address (Giv	re address to wi	hich approv	ed copy of this	ed copy of this form is to be sent)		
Name of Authorized Transporter of	Casinahaad Cas 570		POB 243	6, Abile	ne, TX	79604			
Llano. Inc.	Casinghead Gas X	or Dry Gas	Address (Giv	re address to wi	hich approve	ed copy of this j	form is to be s	seni)	
If well produces oil or liquids,	Unit Sec.		POB 132	0, Hobbs	<u>, NM 8</u>	8240	3240		
give location of tanks.	Unit Sec.	Twp. Rge. 22S 26E	Is gas actually connected? When						
If this production is commingled with IV. COMPLETION DATA	that from any other lease o	r pool, give commingl	yes	ber:	1 10	-19-93			
	loa w.			ı 					
Designate Type of Comple	tion - (X)	II Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready t	o Prod.	Total Depth	L	L	DRTD	L		
9-7-93	10-6-93	5050			P.B.T.D. 2800				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing P	ormation	Top Oil/Gas Pay						
_3321 GL	Delaware				Tubing Depth 2428				
Perforations 25/1/ 0570						Depth Casin	2 Shoe		
2544-2579							,		
1101 5 0175	TUBING	CASING AND	CEMENTIN	IG RECORI)				
HOLE SIZE	CASING & TI	JBING SIZE		DEPTH SET		s	SACKS CEMENT		
17 1/2	13 3/8" 54.		345			400 sx./110/surf.			
11"	8 5/8 24#		1600				300 sx./59/surf.		
	5 1/2 15.	5#	2800			385 sx.			
. TEST DATA AND REQU	2 3/8	ADIR	2428		· · · · · · · · · · · · · · · · · · ·				
OIL WELL Test must be off	TEST FUR ALLUW	ABLE	_						
Date First New Oil Run To Tank	Date of Test	of load oil and must b	e equal to or e	xceed top allow	vable for thi	s depth or be fo	r full 24 how	rs.)	
10-6-93	10-26-93			hod (Flow, pum	φ, gas lift, e	tc.)			
ength of Test	Tubing Pressure		Pump						
24	rading riessure		Casing Pressure		Choke Size				
Actual Prod. During Test	Oil - Bbls.		Water Dil-			C++ 1/05			
		88		Water - Bbls.		Gas- MCF			
GAS WELL				<u> </u>		10			
Actual Prod. Test - MCF/D									
Tion Tool Tool Tine(17)	Length of Test	I	Bbls. Condensa	te/MMCF		Gravity of Co	ndensate		
sting Method (pitot, back pr.)	Tubing Description								
(paoi, oack pr.)	rooming ressure (Smit-	bing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size			
T OPERATOR CERTIFIE	CATE OF CO. =:			··		<u> </u>		. <u> </u>	
I. OPERATOR CERTIF	CATE OF COMP	LIANCE		II CONG	ירחיי	TION			
I hereby certify that the rules and rep Division have been complied with an	rulations of the Oil Conserve	ation	O		PEHVA	ATION D	IVISIO	N	
is true and complete to the best of m	w which we imprimize the given by knowledge and helief	a above							
	, by and belief.		Date ApprovedNOV			NOV 3 0	OV 3 0 1994		
~ ~ ~ (,			- atto Approved						
Signature			Ву						
Max Guerry	Regulatory Mgr.	9 y	<i>-,</i>					·	
Printed Name 10-29-93		Title	Title SUPERVISOR, DISTRICT II						
10 47 73	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.

Telephone No.

- 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.