Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

FEB - 8 1994

DISTRICT III

Santa Fe, New Mexico 87504-2088

I.	REQUES	T FOR ALLOW	ABLE AND AUTHOR	RIZATIO	<b>N</b>		
Operator	/	THE COURT	DIE AND NATORAL C		II API No.		
Collins & Ware, Ir		30-015-27632					
303 W. Wall, Ste. 2	2200, Midland	TX 79701					
Reason(s) for Filing (Check proper	box)	227 73701	A Other (Please exp	olain)			
New Well	Cha	nge in Transporter of:	Clarify leas		since		
Recompletion  Change in Operator	Oil	Dry Gas	communitiza				
If change of operator give name	Casinghead Gar	Condensate					
and address of previous operator _							
II. DESCRIPTION OF WI	ELL AND LEASE						
Lease Name	Well	No. Pool Name, Inch	ding Formation Kind		d of Lease	Lease No.	
Dall Federal Com.		. Happy Va	lley Delaware		Federal ox Kox	NM 88115	
ν	1980		Co 1000				
Unit Letter	:	Feet From The	So Line and	) ——— !	Feet From The	Vest Lin	
Section 33 Ton	waship 22S	Range 26E	h n em e	Eddy			
			, NMPM,		<del></del>	County	
II. DESIGNATION OF THE	RANSPORTER OF	OIL AND NATI	URAL GAS				
Pride P/L Co.			Address (Give address to which approved copy of this form is to be sent)				
			POB 2436, Abilene, TX 79604				
arms of Authorized Transporter of Casinghead Gas $X$ or Dry Gas $\overline{L1ano}$ , Inc.			Address (Give address to which approved copy of this form is to be sent) POB 1320, Hobbs, NM 88240				
If well produces oil or liquids, ive location of tanks.	Unit Sec.	Twp. Rge		Whe		<del></del>	
	K 33	22S   26E	ves		-19-93		
this production is commingled with V. COMPLETION DATA	that from any other leas	e or pool, give comming	gling order number:				
Designate Type of Complet	ion - (X)	Well Gas Well	New Well   Workover	Deepen	Plug Back Sam	ne Res'v Diff Res'v	
Date Spudded	Date Compl. Read	ly to Prod	Total Depth	l	<u> </u>	<u>i</u>	
	Jan Joniph Kon	y to 11oa.	rour Depui		P.B.T.D.		
levations (DF, RKB, RT, GR, etc.)	ns (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth	
forations					- Louis Dopui		
Citoradolis					Depth Casing She	oe	
	TUDDA	C CASDIC AND	<del></del>				
HOLE SIZE	CASING	TUBING SIZE	CEMENTING RECORI	<u> </u>	CACKO OFLICIT		
			DEF IN SET		SACKS CEMENT		
TEST DATA AND REQU	IFST FOR ALL O	WADIE	<u> </u>				
			be equal to or exceed top allow	uahla fan thi	e domik on ha fan Eil	U 14 hanna h	
ate First New Oil Run To Tank	Date of Test		Producing Method (Flow, pun	rp, gas lift, e	ec.)	( 24 hours.)	
4 (5					·		
ength of Test	Tubing Pressure		Casing Pressure		Choke Size		
ctual Prod. During Test	Oil - Bbls.		Water - Bbls.		G. MCE		
<b>g</b>	Oil - Beis.		Maret - Boir		Gas- MCF		
SAS WELL					L	<del></del>	
ctual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF				
			2018. CONGENSER WHYICF		Gravity of Condensate		
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
		ļ					
I. OPERATOR CERTIFI	CATE OF COM	PLIANCE					
I hereby certify that the rules and re-	gulations of the Oil Cons	ervation	OIL CONS	SERV	ATION DIV	'ISION	
Division have been complied with a is true and complete to the best of m	nd that the information g	iven above		1	\		
	, sogo and belief,		Date Approved		11	·····	
When in				_ ^	N/ //		
Signature May Cuerry	Doc-1-+	Name Mana	By(	( <del>)                                    </del>	1 1/1/		
Max Guerry Printed Name	Regulate	ory Mgr. Title	<b>-</b>	Km	$M_{\rm m} \gamma$		
2-7-94	915-687-3		Title	1,	<u> </u>		
Date	Te	elephone No.	1		Ĺ		

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
- 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.