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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
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Collins & Ware, Inc. ✓	Well API No. 30-015-27634
Address 303 W.Wall, Ste. 2200, Midland, TX 79701	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain)	
If change of operator give name and address of previous operator	
OCT 18 1993	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sheep Draw Fed.	Well No. 5	Pool Name, including Formation Happy Valley Delaware	Kind of Lease State, Federal or XXX	Lease No. NM 34247
Location Unit Letter <u>E</u> : <u>2310</u> Feet From The <u>No.</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>33</u> Township <u>22S</u> Range <u>26E</u> , NMPM, <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"/> Pride P/L Co.	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 <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) POB 1320, Hobbs, NM 88240					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 33	Twp. 22S	Rge. 26E	Is gas actually connected? yes	When? 10-1-93

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 X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8-23-93	Date Compl. Ready to Prod. 10-1-93		Total Depth 5040		P.B.T.D. 2750			
Elevations (DF, RKB, RT, GR, etc.) 3313 GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 2537		Tubing Depth 2506			
Perforations 2537-50, 2560-65'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8, 54.5#		339		400			
11	8 5/8 24#		1610		525			
11	5 1/2 15.5#		2750		385			
	2 3/8		2506					

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 10-1-93	Date of Test 10-1-93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 80	Water - Bbls. 62	Gas - MCF 12

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.

Signature
Max Guerry
Printed Name
10-13-93
Date
915-687-3435
Telephone No.

Regulatory Mgr.

Title

OIL CONSERVATION DIVISION

Date Approved FEB 2 1994

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.