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State of New Mexico
Energy, Minerals and Natural Resources Department

AUG 31 1992

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Collins & Ware, Inc. ✓		Well API No. <u>26682</u>
Address 303 W. Wall, Suite 2200, Midland, Texas 79701		300158902000
Reason(s) for Filing (Check proper box)		
New Well <input checked="" type="checkbox"/>	<input type="checkbox"/> Other (Please explain)	
Recompletion <input type="checkbox"/>	Change in Transporter of:	
Change in Operator <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <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 Boeing Fed. 2 Com	Well No. 1	Pool Name, Including Formation <u>S. Carlsbad Morrow</u> Frontier Hills/Carlsbad	Kind of Lease State, Federal or Fee	Lease No. NM 0331649
Location				
Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>814'</u> Feet From The <u>West</u> Line				
Section <u>2</u> Township <u>T-23-S</u> Range <u>R-26-E</u> , <u>NMPM</u> , <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>El Paso Natural Gas</u>	<u>P.O. Box 1492, El Paso, Texas 79978</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	<u>E</u>	<u>2</u>	<u>23S</u>	<u>26E</u>	<u>Yes</u>	<u>7/18/92</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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		<u>X</u>	<u>Re-entry</u>					
Date Spudded 6/8/92	Date Compl. Ready to Prod. 7/6/92		Total Depth 11,940'		P.B.T.D. 11,902'			
Elevations (DF, RKB, RT, GR, etc.) 3280 GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 11,733'		Tubing Depth 11,696.59'			
Perforations 11,733'-11,846'					Depth Casing Shoe 11,940'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		520'		N/A			
12-1/4"	9-5/8"		5400'		N/A			
7-7/8"	5-1/2"		11,940'		1st - 825 scks 2nd 390 scks			
	2-7/8"		11,696.59"		N/A			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		<u>Post ID-1</u> <u>9-25-92</u> <u>comp Morrow</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 670	Length of Test 1 hour	Bbls. Condensate/MMCF -0-	Gravity of Condensate -0-
Testing Method (prior, back pr.) Back pressure	Tubing Pressure (Shut-in) 2980 psig	Casing Pressure (Shut-in) Packer	Choke Size 32/64"

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.

Sheryl L. Jonas
Signature
Sheryl L. Jonas Agent for Collins & Ware
Printed Name
8/17/92 (915) 683-5511
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 18 1992

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.