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

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

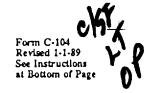
DISTRICT III
1000 Rio Brazos Rd., Aziec, N.M. 87410

State of New Mexico Energy, Minerals and Natural Resources Department

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

HECEIVED

AUG - 2 1993 OIL CONSERVATION DIVISION



REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		TOTRA	NSP	ORT OI	L AND NA	NTURAL G	AS				
Operator C. Hanne T.					-015-26815 26813						
Collins & Ware, Inc. J			 -				30-	015-268	15 268	12	_
303 W.Wall, Ste. 2200,	Midlan	d, TX	7970	01							
Reason(s) for Filing (Check proper box)						her (Please expl	lain)				_
New Well Recompletion		Change in	•								
Change in Operator	Oil Casinghead		Dry G Conde	-							
If change of operator give name	Canignat	1022	Conoe	neste late							_
and address of previous operator				<u>-</u>							_
II. DESCRIPTION OF WELL Lease Name			I								
	Well No. 1 col Name, facto				Bluff Atoka			of Lease Lease N		ease No.	
Location		<u> </u>	D.00	TEDIA	DIUII AU	OKa					_
Unit Letter N	. 89	7	Feel Fi	om The S	O. 1 in	e and 1980	, E	et From The	West	Line	
0.5											
Section 25 Townshi	p 23S		Range	28E	, N	мрм, Ed	.dy			County	_
III. DESIGNATION OF TRAN	SPORTEI	ROFOI	T. A N	D NATE	RAI GAS						
Name of Authorized Transporter of Oil		or Conden		TXX	Address (Giv	e address to w	hich approved	copy of this f	form is to be se	nt)	_
Pride Pipeline Co.	POB 2436, Abilene, TX 79604										
Name of Authorized Transporter of Casin	Address (Give address to which approved copy of this form is to be sent)										
If well produces oil or liquids,	Unit	S∞.	Twp. Rge.		Is gas actually connected?						
give location of tanks.	N	25 ¦	23S	128E	is gas actuall	y connected?	When	7			
f this production is commingled with that	from any othe	r lease or p	∞ol, giv	e commingl	ing order num	ber:					_
V. COMPLETION DATA											_
Designate Type of Completion	- (X)	Oil Well	(Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	···	Ready to	Prod.		Total Depth		L	P.B.T.D.		<u></u>	-
Date Spudded Date Compl. Ready to Prod.								1.5.1.5.			
Elevations (DF, RKB, RT, GR, e'c.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth			
Perforations									0		
								Depth Casing Shoe			
	π	JBING, (CASIN	NG AND	CEMENTI	NG RECOR	D	1	·- ·- · · ·		\dashv
HOLE SIZE					DEPTH SET			SACKS CEMENT			
]
											4
											4
. TEST DATA AND REQUES					<u> </u>			I			_
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	l volume of	fload o	il and must	be equal to or	exceed top allo	wable for this	depih or be f	or full 24 hour.	s.)	_
JALE PHIS NEW OIL RUB TO TARK	Producing Method (Flow, pump, gas lift, etc.)										
ength of Test Tubing Pressure					Casing Pressure Choke Size						
Actual Prod. During Test Oil - Bbls.					J			Gas- MCF			
					Water - Bbis.						
GAS WELL Actual Prod. Test - MCF/D						·					
remai Frod. Test - MCF/D	Length of Te	si			Bbls. Condens	ate/MMCF		Gravity of Co	ondensate		7
esting Method (pirot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFICA	TE OF	COMPL	IAN	CE	_					***************************************	ز
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					1120						
					Date	Approved	AUG	1 1 199	33		_
Mal					_						
Signature					By ORIGINAL SIGNED BY						
Max Guerry Regulatory Mgr. Photod Name Title					MIKE WILLIAMS						
<u>7-30-93</u> 915-687-3435					Title SUPERVISOR, DISTRICT II						
Date Telephone No.											

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.