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Appropriate District Office  
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DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

1992

O. C. D.  
OFFICE OF OIL CONSERVATION

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Collins & Ware, Inc.		Well API No. 300-152-69750
Address 303 W. Wall, Suite 2200, Midland, Texas 79701		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	To move 200 barrels of condensate to allow
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	allow the well to produce, while waiting on paper-
work to be approved for allowable.		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Muley Federal	Well No. 1	Pool Name, Including Formation Horseshoe Bend (Strawn)	Kind of Lease State, Federal <input checked="" type="checkbox"/> Other	Lease No. NM 51073
Location Unit Letter J : 1433 Feet From The South Line and 1459' Feet From The East Line Section 26 Township 23-South Range 25-East, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 2500 City West Blvd., Houston, TX 77042					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, Texas 77251-1188					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 26	Twp. 23S	Rge. 25E	Is gas actually connected? yes	When? 10/31/92

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
		XX	XX					
Date Spudded 5/30/92	Date Compl. Ready to Prod. 9/9/92 (SI)		Total Depth 11,540		P.B.T.D. 9890			
Elevations (DF, RKB, RT, GR, etc.) 3519' GR	Name of Producing Formation Strawn		Top Oil/Gas Pay 9680		Tubing Depth 9600			
Perforations 9680-9690 (40 holes)					Depth Casing Shoe 9000'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		356		620			
12-1/4	9-5/8		2050		975			
8-1/2	7"		9000		850			
7-7/8	4.5		11,540 bottom, 8640' Top		375			

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.)	
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 1133	Length of Test 24	Bbls. Condensate/MMCF 5	Gravity of Condensate 52
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 2700	Casing Pressure (Shut-in) Packer	Choke Size 17/64"

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.

Signature  
Sheryl L. Jonas Agent for Collins & Ware  
Printed Name  
November 30, 1992 (915) 683-5511  
Date  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

Title

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.