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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

DEC 11 1992

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. <u>26975</u> 300-152-69750 <u>30-015-26975</u>
Address 303 W. Wall, Suite 2200, Midland, Texas 79701		
Reason(s) for Filing (Check proper box) <input 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"/>
Change in Operator <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 Muley Federal	Well No. 1	Pool Name, Including Formation <u>Dark Canyon 4/Penn Gas</u> <u>Horseshoe Bend (Strawn)</u>	Kind of Lease <input checked="" type="checkbox"/> State, Federal <input checked="" type="checkbox"/> Private	Lease No. NM 51073
Location Unit Letter <u>J</u> : <u>1433'</u> Feet From The <u>South</u> Line and <u>1459'</u> Feet From The <u>East</u> Line Section <u>26</u> Township <u>23 South</u> Range <u>25 East</u> , NMPM, <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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>2500 City West Blvd., Houston TX 77042</u>					
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>P. O. Box 1188, Houston, TX 77251-1188</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>26</u>	Twp. <u>23S</u>	Rge. <u>25E</u>	Is gas actually connected? <u>yes</u>	When? <u>10/31/92</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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded <u>5/30/92</u>	Date Compl. Ready to Prod. <u>9/9/92 (SI)</u>		Total Depth <u>11,540'</u>		P.B.T.D. <u>9890'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3519 GR</u>	Name of Producing Formation <u>Strawn</u>		Top Oil/Gas Pay <u>9680</u>		Tubing Depth <u>9600</u>			
Perforations <u>9680' - 9690'</u>					Depth Casing Shoe <u>11,538' Bottom of 4-1/2"</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17-1/2</u>	<u>13-3/8</u>		<u>356</u>		<u>620</u>			
<u>12-1/4</u>	<u>9-5/8</u>		<u>2050</u>		<u>975</u>			
<u>8-1/2</u>	<u>7</u>		<u>9000</u>		<u>850</u>			
<u>7-7/8</u>	<u>4-1/2 Liner</u>		<u>Top 8640, Bottom 11,540'</u>		<u>375</u>			

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

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. Jones
Printed Name Sheryl L. Jones Agent for Collins & Ware, Inc.
Date December 9, 1992 Telephone No. (915) 683-5511

OIL CONSERVATION DIVISION

Date Approved DEC 30 1992

By WILLIAM
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.