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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  
  
RECEIVED  
AUG 10 1993  
C.O.D.

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

**I.**

Operator Collins & Ware, Inc.	Well API No. 30-015-27451
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 Malaga	Well No. 1	Pool Name, Including Formation Wildcat (Atoka)	Kind of Lease State <del>XXXXXX</del> <input checked="" type="checkbox"/> Private <input checked="" type="checkbox"/>	Lease No. V-492
Location Unit Letter <u>K</u> : <u>1980'</u> Feet From The <u>South</u> Line and <u>1350'</u> Feet From The <u>West</u> Line Section <u>27</u> Township <u>24 South</u> Range <u>28 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) 502 NW Avenue, Levelland, TX 79336-3914					
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) 1031 Andrews Highway, Suite 209, Midland, TX 79701					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 27	Twp. 24S	Rge. 28E	Is gas actually connected? No	When? Estimated 8/17/93

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		XX	XX					
Date Spudded 5/29/83	Date Compl. Ready to Prod. 7/23/93		Total Depth 12,095'		P.B.T.D. 12,003'			
Elevations (DF, RKB, RT, GR, etc.) 2994.1'	Name of Producing Formation Atoka		Top Oil/Gas Pay 11,734'		Tubing Depth 11,740.50			
Perforations 11,734' - 11,740' ( 24 holes )					Depth Casing Shoe 12,091'			

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	583.06	650 sacks
12-1/4	9-5/8	2579.78'	1055 sacks
8-1/2	7.0	9900.00'	2145 sacks
6"	4-1/2"	Top 9516'; Bottom 12,091'	300 sacks.

**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 1357 MCF	Length of Test 4 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) 4-point	Tubing Pressure (Shut-in) 5645 psig	Casing Pressure (Shut-in) 0	Choke Size 0
		Packer	Various

**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, Inc.  
Printed Name  
7/28/93  
Date  
(915) 683-5511  
Telephone No.

**OIL CONSERVATION DIVISION**

**SEP 3 1993**

Date Approved \_\_\_\_\_

By \_\_\_\_\_ Original Signed BY \_\_\_\_\_  
Mike Williams

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.