Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

1000 Rio Brazos Rd., Aztec, NM 874	10 BEOUES	T FO	R ALLOWA	BI E AND	ALITHOE					
I.			SPORT O							
Operator	Well API No.									
	Collins & Ware, Inc.					30	-015-27451	015-27451		
Address	a+ - 0000	11	1	7701						
303 W. Wall, Reason(s) for Filing (Check proper box	Ste. 2200,	MIGIA	and, TX /		ner (Please ex	n/ain)				
New Well	•	nge in T	ransporter of:				t lease na	ame		
Recompletion	Oil		ory Gas							
Change in Operator	Casinghead Ga	s □ C	Condensate							
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WEL	T AND I DAGO									
Lease Name			ool Name, Includ	ling Formation		V:4	of Lease			
Malaga Com.	1		Galaga At o		FOR A		, Pederal Space	V 49	Lease No.	
Location		···		2012	P2) 5 14 5				<u></u>	
Unit Letter K	1980	Fe	eet From The	South Lin	e and135	<u>0</u> F	eet From The	lest	Line	
Section 27 Town	3/ ₁ C	_	2017							
Section 2/ Town	ship 24S	R	ange 28E	<u>, N</u>	мрм,		Eddy		County	
II. DESIGNATION OF TRA	NSPORTER O	F OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)									
Amoco Pipeline Inter		502 NW Ave, Levelland, TX 79336-3914 Address (Give address to which approved copy of this form is to be sent)								
Name of Authorized Transporter of Cas Pinnacle Natural Gas		or	Dry Gas X	Address (Give	e address to w	hich approved	copy of this form	is to be so	ent)	
f well produces oil or liquids.	Il produces oil or liquids. Unit Sec. Twn			1031 Andrews Hwy., Ste						
ocation of tanks. K 27 24S			4S 28E	yes			26-93			
this production is commingled with the	at from any other lea	se or poo	ol, give comming	ing order numb	er:					
V. COMPLETION DATA	lon	317.11	1	1			·			
Designate Type of Completion	n - (X)	Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded	Date Compi. Rea	dy to Pro	od.	Total Depth		I	P.B.T.D.			
llevations (DF, RKB, RT, GR, etc.)	Name of Produci	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
erforations					Depth Casing Shoe					
							Depair casing 5	noc		
	TUBI	NG, CA	SING AND	CEMENTIN	IG RECOR	D.				
HOLE SIZE	CASING			DEPTH SET			SACKS CEMENT			
										
			-							
_										
. TEST DATA AND REQUE							J			
IL WELL (Test must be after	recovery of total vol	ume of lo						ull 24 hour	s.)	
ate First New Oil Run To Tank	Date of Test			Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Pressure	Tubing Pressure					Choke Size			
	Total Trouble			Casing Pressure	-					
ctual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas- MCF		
SAS WELL										
ctual Prod. Test - MCF/D	Length of Test	Length of Test			Bbls. Condensate/MMCF			ensale		
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Oroka Cina	Choke Size		
, and the second of the second							Choke Size			
I. OPERATOR CERTIFIC	ATE OF COM	MPI IA	ANCE		- 1117					
I hereby certify that the rules and regu	lations of the Oil Cor	servatio	n	0	IL CON	SERVA	ION DI	VISIO	Ν	
Division have been complied with and	that the information	given ab	ove				Novaa	000		
is true and complete to the best of my knowledge and belief. Signature				Date /	Approved	d b	10 V 2 6 1993			
				By						
Max Guerry Printed Name 11-23-93	Regulat	77".1			1/					
11-23-93	015-687-3435		·	Title_	. /5					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.