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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

**DISTRICT II**  
 P.O. Drawer DD, Artesia, NM 88210

**OIL CONSERVATION DIVISION**

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

**DISTRICT III**  
 1000 Rio Brazos Rd., Aztec, NM 87410

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

I.

|   |   |
|---|---|
| Operator<br>Collins & Ware, Inc.  | Well API No.<br>30-025-02579  |
| Address<br>303 W. Wall Avenue, Suite 2200, Midland, TX 79701  |   |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)   |   |
| New Well <input type="checkbox"/>   | Change in Transporter of:   |
| Recompletion <input type="checkbox"/>   | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>               |
| Change in Operator <input checked="" type="checkbox"/>  | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| If change of operator give name and address of previous operator<br>Hal J. Rasmussen Operating, Inc., 310 W. Wall, Suite 906, Midland, TX 79701 |   |

**II. DESCRIPTION OF WELL AND LEASE**

|                        |                 |   |   |                       |
|------------------------|-----------------|---|---|-----------------------|
| Lease Name<br>State 23 | Well No.<br>25  | Pool Name, Including Formation<br>Wilson Yates-Seven Rivers | Kind of Lease<br>State, Federal or Foreign<br>State | Lease No.<br>B-9084   |
| Location               |                 |   |   |                       |
| Unit Letter<br>F       | 2270            | Feet From The<br>North                                      | Assoc.<br>2310                                      | Feet From The<br>West |
| Section<br>23          | Township<br>21S | Range<br>34E  | NMPM,   | Lea<br>County         |

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

|  |  |  |
|--|--|--|
| Name of Authorized Transporter of Oil<br>EOTT Energy Corp. <input checked="" type="checkbox"/> | or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 1188, Houston, Texas 77251-1188 |
| Name of Authorized Transporter of Casinghead Gas<br>GPM Gas Corp. <input type="checkbox"/>     | or Dry Gas <input type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent)   |
| If well produces oil or liquids, give location of tanks.                                       | Unit                                   | Sec.   |
|  | Twp.                                   | Rge.   |
|  | Is gas actually connected?             | When?  |

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 | DRP Res'v |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth     |          |        | P.B.T.D.          |            |           |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation |          | Top Oil/Gas Pay |          |        | Tubing Depth      |            |           |
| Performances                       |                             |          |                 |          |        | Depth Casing Shoe |            |           |

**TUBING, CASING AND CEMENTING RECORD**

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

**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.)

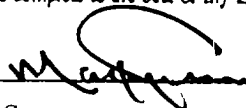
|                                |                 |   |            |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                 | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test       | Oil - Dbls.     | Water - Dbls.                                 | Gas - MCF  |

**GAS WELL**

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Dbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

**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  
  
 Max Guerry  
 Regulatory Manager  
 Printed Name  
 6/21/93  
 Date  
 (915) 687-3435  
 Telephone No.

**OIL CONSERVATION DIVISION**

JUL 23 1993  
 Date Approved \_\_\_\_\_  
 By \_\_\_\_\_  
 orig. Signed by  
 Paul Kautz  
 Geologist  
 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.