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 Appropriate District Office
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
 Geology, 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

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 JAN - 7 1992

O. C. D.
 ARTESIA OFFICE

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

I.

Operator Collins Oil & Gas Corporation ✓	Well API No. 30-005-62865
Address P.O. Box 2443, Roswell, NM 88202-2443	
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 Stone Brothers State	Well No. 5	Pool Name, Including Formation Diablo-San-Andres	Kind of Lease State, Federal or Free	Lease No. LG-5246
Location				
Unit Letter H	: 1650	Feet From The North	Line and 330	Feet From The East
Section 21	Township 10-S	Range 27E	, NMPM, Chaves County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Pueblo Petroleum	Address (Give address to which approved copy of this form is to be sent) P.O. Box 8249, Roswell, NM 88202			
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)			
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 21	Twp. 10-S	Rge. 27
	Is gas actually connected?		When?	
	no			

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11-26-91	Date Compl. Ready to Prod. 1-1-92	Total Depth 2111	P.B.T.D. 2092					
Elevations (DF, RKB, RT, GR, etc.) 3839 GL	Name of Producing Formation San-Andres	Top Oil/Gas Pay 2052	Tubing Depth 2072					
Perforations None- Open Hole completion	2030-2092		Depth Casing Shoe 2030					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
12 1/2"	8-5/8"	491			300 Post ID-2			
7-7/8"	5 1/2"	2030			200 1-31-92			
	2-3/8"	2072			comp & BK			

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 1-1-92	Date of Test 1-3-92	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 20	Choke Size
Actual Prod. During Test 6	Oil - Bbls. 6	Water - Bbls. 0	Gas- MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. 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.

Roy D. Collins
 Signature
 ROY D. COLLINS Pres. Collins O/G
 Printed Name Title
 1-6-92 623-2040
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 23 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
 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.