District I PO Box 1980, Hobbs, NM 28241-1980 District II

BECEIVED

Energy, Minerals & Natural Resources Department

Revised February 10, 1994

Instructions on back
OIL CONSERVATION DIVISION

PO Box 2088

Santa Fe NM 875040188 (COM)

PO Drawer DD, Artesia, NM \$8211-0719 District III

000 Rio Brazo Sistrict IV	Rd., Aztec,	, NM 87410		Santa	Fe, NN	1 8750	100 PRE	CC	dn. Dii	۷. _г	Т ам	ENDED REPORT	
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Collins Oil & Gas Corporation 🗸							C				04889		
		P.O. Box Roswell,							1 Remon for Filing Code				
		iwswell,	Nr1 002	02-2443					. UH	I 7–1–	96		
							Pool Name				' Pool Code 50670		
30 - 0 05-60986 RACE TRACK SAN ANDR						Property Name				' Well Number			
	250	-		,				3					
		Location		WHITE					······································				
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		Hole Loca					<u> </u>						
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P													
III. Oil a	nd Gas	Transporte	rs										
"Transporter OGRID		" T	19 Transporter Name and Address				D -810	31 O/G	²² POD ULSTR Location and Description				
C		curlock Permian Corp.				21858 2186010		0	Unit P, Sec. 18-10S-28E				
		2.0. Box 4648				210001			J. P. WHITE BATTERY				
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IV. Prodi	uced Wa	nter		······································			<u></u>						
		5850	 	*****		²⁴ POD UI	STR Local	ion and I)escription				
	18550-			D, Sec. 2	9-10S-2	8E P1	ains 29	-9 SWI)				
		ion Data		····						·····			
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× Hole Siz			³¹ Casing & Tub		ng Size		11	Depth Se			³³ Seci	u Cement	
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VI. Well	Test Da	ata							I			71.7	
34 Date New Oil			Gas Delivery Date "T				" Test Leng		H Tog. Pr	easure .		³⁴ Cag. Pressure	
" Choke Size		4 Oil		4 Water			49 Gas		~ AOF			4 Test Method	
4 haraku	ifu that the	les of the O'l C	magnistic - P	liviaises beauti					<u></u>				
"I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my							OIL CONSERVATION DIVISION						
knowledge and belief. Signature:						Approve	Approved by: SUBERIVICOR DISTRICT						
Printed name: DOV D. COLLEGE							Approved by: SUPERVISOR, DISTRICT II Title:						
RUI D. WILLINS													
Pres. Collins 0/0							Approval Date: JUL - 3 1996						
		erator fill in the	l	623–2040	of the nr-	vious opera	itor						
IV		Petroleum I		BAK				A. SOM	MER PR	ES.	- 6-	-26-96	
1	Previous (Operator Signatu	ıre			Print	ed Name		····	Ti	110	Data	

New Mexico Oil Concervation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15,025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recomplated wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- 3.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change gas transporter

RT Request for test allowable (Include volume requested)

If for any other reason write that reason in this box.

If for any other reason write that reason in this box.

- 4. The API number of this well
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- The well number for this completion 9.
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- Lease code from the following table: 12.

Federal State Fee Jicarilla

Navajo Ute Mountain Ute Other Indian Tribe Ň

13. The producing method code from the following table:

Flowing Pumping or other artificial lift

14. MO/DA/YR that this completion was first connected to a

gas transporter

- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this completion
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.

21. Product code from the following table:

- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will essign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Inside diameter of the well bore 30.
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and
- 33. Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced 34.
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- **37**. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40 Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- MCF of gae produced during the test 43.
- 44. Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well:

Pumping Swabbing

If other method please write it in.

- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 46.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.