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ENERGY AND MINERALS DEPARTMENTO. C. D.  
ARTESIA OFFICEForm C-104  
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## OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	
Collins Oil & Gas Corporation	
Address	
P.O. Box 2443, Roswell, NM 88202-2443	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well	
<input type="checkbox"/> Recompletion	
<input type="checkbox"/> Change in Ownership	
Change in Transporter of:	
<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Stone Brothers State	3	Diablo-San-Andres, <del>San-Andres</del>	State, Federal or Fee State	LG-5246
Location				
Unit Letter <u>H</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u>				
Line of Section <u>21</u> Township <u>10S</u> Range <u>27E</u> , NMPM, <u>Chaves</u> County				

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

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Permian Corporation	P.O. Box 1183, Houston, Texas 77251					
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	21	10S	27E	no	

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

## VI. 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 is true and complete to the best of my knowledge and belief.

Ray H. Collins  
(Signature)  
Pres. Collins Oil & Gas Corporation  
(Title)  
8-2-89  
(Date)

OIL CONSERVATION DIVISION  
APPROVED 808 2 1 1989, 19\_\_\_\_  
BY ORIGINAL SIGNED BY  
MIKE WILLIAMS  
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

#### 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 4-25-89	Date Compl. Ready to Prod. 7-27-89		Total Depth 2103			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3821 GL	Name of Producing Formation San-Andres		Top Oil/Gas Pay 2025			Tubing Depth 2090			
Perforations 2020, 2021, 2022, 2025, 2026, 2027, 2038, 2039, 2042, 2043, 2044 2065, 2066, 2067, 2068, 2069, 2070, 2075, 2076, 2077, 2064, 2094						Depth Casing Shoe 2103			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 $\frac{1}{2}$ "		8-5/8"		480		200			
8		5 $\frac{1}{2}$ "		2103		200			
		2-7/8"		2090					

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks 7-27-89	Date of Test 7-30-89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 10	Choke Size
Actual Prod. During Test 30	Oil - Bbls. 30	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