Submit 5 Copies
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

AUG 3 0 1991

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

O C. D.

I.						AUTHORI					
• TO TRANSPORT OIL						AND NATURAL GAS					
Collins OI1 & Gas Corporation						30-005-62687					
Address											
P.O. Box 244:	3, Roswe	11, NM	88	202-244				· · · · · · · · · · · · · · · · · · ·			
Reason(s) for Filing (Check proper box) New Well	,	Thanas in T	r	utan afi	U Oth	icr (Please expl	'ain)				
Recompletion	Oil	Thange in T	Dry Gas								
Change in Operator	Casinghead	,	Conden:								
If change of operator give name	B				·				· · · · · · · · · · · · · · · · · · ·		
and address of previous operator											
II. DESCRIPTION OF WELL A	AND LEA	SE									
Stone Brothers State Well No. Pool Name, Includ Diablo-Sa					ng Formation Kind o			of Lease	(Lease No.		
Stone Brothers St Location		Dila	1010-34	1 Allules Su			uc, Feddord Volt Feb 1 LG-5246				
Unit Letter H	: 2310		Cast Car	1b	North Lin	99	0 _	et From The	East		
					Lin	к ини	P	et From The		Line	
Section 21 Township	10-S		Range	27E	, N	м _{РМ,} Ch	aves			County	
III DESIGNATION OF TRAN	enantre enantre		1 A B 7 1	IN NIAZEVI	D 4 1 - 2 1 4 0						
III. DESIGNATION OF TRAN		or Condens	L ANI	DNAIU		ue addrave to w	Lieb		<u> </u>		
Pueblo Petroleum I	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 or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.		•	Twp.		ls gas actual	ly connected?	Wher	7		· · · · · · · · · · · · · · · · · · ·	
If this production is commingled with that f	H	21	10-S	· ·	no : .						
IV. COMPLETION DATA	ioni any ouic	ricase or p	oot, giv	e commining	ing order num	iber:		· · · · · · · · · · · · · · · · · · ·			
D		Oil Well	C	Gas Well	New Well	Workover	Deepen	Plug Rack	Same Res'v	Diff Res'v	
Designate Type of Completion	,	İ	i		j					pin Kesv	
Date Spudded	Date Compt. Ready to Prod.				Total Depth			P.B.T.D.	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	b					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation								Tubing Depth			
Perforations								Depth Casing Shoo			
										•	
					CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
				-							
								-			
								- 			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		J			<u> </u>			
OIL WELL (Test must be after re	ecovery of tole	al volume o	f load o	oil and must	be equal to o	r exceed top all	lowable for th	is depth or be	for full 24 hor	urs.)	
Date First New Oil Run To Tank Date of Test					Producing M	lethod (Flow, p	ump, gas lýt,	etc.)			
Length of Test	Tubing Pressure				Casing Press	ire		Choke Size			
	Louing recoult				V 1 1033			SHORD OILU			
tual Prod. During Test Oil - Bbls.					Water - Bbls	<u> </u>		Gas- MCF			
	<u></u>				<u> </u>	*					
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					J,		· · · · · · · · · · · · · · · · · · ·		2		
					Casing Pressure (Shut in)			Choke Size	Choke Size		
VI. OPERATOR CERTIFIC	ATEYOR	COMP	T 1 A >	ICE				<u> </u>			
I hereby certify that the rules and regula				NCE		OIL COI	NSERV	ATION	DIVISIO	NC	
Division have been complied with and	that the inforr	nation give	n above	:		5 5.			· · · · · · · · · · · · · · · · · ·	~ 1₹	
is true and complete to the best of my l	cnowledge and	d belief.			Date	e Approve	ed e	CED	9 4004		
					Date	- while	· · · · · · · · · · · · · · · · · · ·	₩	3 1991 -		
Signature Collins					Rv	A 200 A 200 A 1					
ROY D. COLLINS Pres. Collins O/G					-	- CRIGIA	Miliane Villiane	D BY			
Printed Name	622 20	<u></u>	Title		Title	SUPER		STRICT) `		
8-28-91 Date	623–20		ohone N			Andread Williams Andread	- 	 			
		reiel	arone is	n/,	.]]						

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 revol in multiply complaind walls