

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RECEIVED

JUN 20 '89

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

ARTESIA, OFFICE

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.B.	<input checked="" type="checkbox"/>
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

I. 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	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Frank "P" State</u>	Well No. <u>5</u>	Pool Name, including Formation <u>Diablo-San-Andres</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>LG-5246</u>
Location				
Unit Letter <u>P</u> ; <u>33'</u> Feet From The <u>South</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)
<u>Navajo Refing Co.</u>	<u>501 E. Main Street, Artesia, NM 88210</u>
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
	<u>P</u>   <u>21</u>   <u>10S</u>   <u>27E</u>   <u>no</u>   <u>Post ID-2</u> <u>6-23-89</u> <u>comp 4 BR</u>

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.

Pres. Collins  
(Signature)

Pres. Collins Oil & Gas Corporation  
(Title)

6-18-89  
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 21 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 deviated 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.

# V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-22-89	Date Compl. Ready to Prod. 6-15-89	Total Depth 2112 2121				P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) 3850 GL	Name of Producing Formation San-Andres	Top Oil/Gas Pay 2025 2011				Tubing Depth 2100		
Perforations 2011, 2012, 2016, 2017, 2018, 2019, 2020, 2042, 2043, 2044, 2045 2046, 2061, 2062, 2063, 2064, 2074, 2075, 2076, 2082, 2089, 2090, 2091.						Depth Casing Shoe 2121		

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 $\frac{1}{2}$	8- 5/8 "	501	300
8	5 $\frac{1}{2}$ "	2121	200
	2- 7/8	2100	

## TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed tap allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 6-16-89	Date of Test 6-17-89	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 18	Oil - Bbls. 18	Water - Bbls. 0	Gas - MCF TSTM

## AS 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