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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

JAN - 4 '90

Q. C. D.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Collins Oil & Gas Corporation	Well API No. 30-005-62728
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 Gulf State	Well No. 2	Pool Name, Including Formation Unit. Double L (Queen) Assoc.	Kind of Lease State, Federal or Free	Lease No. V-1548
Location Unit Letter <u>J</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>14</u> Township <u>14S</u> Range <u>29E</u> , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

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) P. O. Box 1183, Houston, TX 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 <u>0</u> Sec. <u>14</u> Twp. <u>14S</u> Rge. <u>29E</u> Is gas actually connected? <u>No</u> When ?

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/11/89	Date Compl. Ready to Prod. 12/13/89	Total Depth 1848'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3762 GL	Name of Producing Formation Queen	Top Oil/Gas Pay 1814' 1817'	Tubing Depth 1840'					
Performations 1817, 1817½, 1818, 1818½, 1819, 1819½, 1820, 1820½, 1821, 1821½, 1822, 1822½, 1823, 1823½, 1824, 1824½, 1825, 1825½, 1826, 1826½, 1827, 1827½, 1828, 1828½, 1829		Depth Casing Shoe 1849'						
TUBING, CASING AND CEMENTING RECORD 1828½, 1829								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12½"	8 5/8"	284'	180 Post ID-2					
8	5 1/2"	1848	100 1-19-90					
	2 3/8"	1840	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 12/16/89	Date of Test 12/19/89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 0	Casing Pressure 10	Choke Size
Actual Prod. During Test 20 bbls.	Oil - Bbls. 20	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 Collins Oil & Gas Corporation
Roy D. Collins President
Printed Name Title
January 1, 1990 623-2040
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 15 1990

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.