

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

FEB -6 '90

CSF  
LT  
DP

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Collins Oil & Gas Corporation		Well API No. Office 30-005-62741
Address P.O. Box 2443, Roswell, NM 88202-2443		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
CASINGHEAD GAS MUST NOT BE FLARED AFTER 3/7/90 IF GAS IS AN EXCEPTION TO: RULE 306 IS OBTAINED		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Frank "P" State	Well No. 6	Pool Name, Including Formation Diablo-San Andres	Kind of Lease State, Federal or Fee XXXXXXXXXX	Lease No. LG-5246
Location Unit Letter I : 1650 Feet From The South Line and 990 Feet From The East Line Section 21 Township 10S Range 27E, NMPM, Chaves 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"/> Permian Corporation	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 P	Sec. 21	Twp. 10S	Rge. 27E	Is gas actually connected? no	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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 12/29/89	Date Compl. Ready to Prod. 1/22/90		Total Depth 2151			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) 3862.5 GL	Name of Producing Formation San-Andres		Top Oil/Gas Pay 2023			Tubing Depth 2145		
Perforations 2024, 2025, 2026, 2041, 2042, 2054, 2055, 2056, 2057, 2058, 2068, 2069 2080, 2081, 2082, 2083, 2084, 2085, 2094, 2098, 2099.						Depth Casing Shoe 2151		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	8-5/8"		431		280			
7-7/8"	5 1/2"		2151		200			
	2-3/8"		2145					

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 1/22/89	Date of Test 2/2/90	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 0	Casing Pressure 70	Choke Size
Actual Prod. During Test 30	Oil - Bbls. 30	Water - Bbls. 0	Gas- MCF 20, 200

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.

Signature  
ROY D. COLLINS President, Collins O/G  
Printed Name  
2/6/90  
Date  
623-2040  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 6 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.