Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

AUG 3 0 1991

Santa Fe, New Mexico 87504-2088

O. C. D.
ARTESIA OFFICE

DISTRICT III		Sai	ma re	;, INC	ew ivie	DC18 DDIK	4-2000		O. C. D.	<u> </u>		
1000 Rio Brazos Rd., Aztec, NM 87410	REQI	JEST FO	OR A	LLC)WAB	LE AND A	UTHORIZ	ZATIOÑ	ITESIA OFFI	Ct		
I.		TO TRA	NSP	OR	T OIL	AND NAT	URAL GA	AS				
Operator								I	API No.			
Collins Oil & Gas Corporation						······································		30-	-005-6274	005–62741		
Address		. 7.7	NTM	00	200	17.7.2						
P.O. Box 2 Reason(s) for Filing (Check proper box)	443, R	oswell,	INIM	- 88	202-2		- /DI I	- ;				
New Well		Change in	Tranco	viter	οſ·	[] Oute	t (Please expla	un)				
Recompletion	Oil		Dry G		[]							
Change in Operator	Casinghea		Conde		$\overline{\Box}$							
If change of operator give name												
and address of previous operator							· · · · · · · · · · · · · · · · · · ·					
II. DESCRIPTION OF WELL.	AND LE	ASE										
Lease Name	Well No. Pool Name, Inc							of Lease	Lease No.			
Frank "P" State		6 Diablo-San						LG-5246		246		
Location Unit LetterI	:_ 165	0	. Feet F	irom '	The So	outh Line	330 and	2.1	eet From The .	East	Line	
Section 21 Township	p 10-	S	Range	<u> 2</u>	27E	, NN	игм, Cha	ives			County	
III. DESIGNATION OF TRAN	SPORTI	ER OF O	II. AN	un r	VATIO	DAT CAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Oil or Condensate Pueblo Petroleum Inc.										NM 88202		
Name of Authorized Transporter of Casing										copy of this form is to be sent)		
	1.		,								·	
If well produces oil or liquids, give location of tanks.	Unit IP	Sec.	Twp.			ls gas actually	connected?	Whe	n ?			
<u> </u>						no						
If this production is commingled with that IV. COMPLETION DATA	from any ot	her lease or	pool, g	ive co	onuning!	ing order numb	er:		·			
THE COMPLETION DATA		Oil Well		Car	Wall	I	NV. 1	ı	1 5. 5.		- ₁	
Designate Type of Completion	- (X)	I OII WEII	i i	Gas '	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Con	ıpl. Ready to	Prod.		·	Total Depth		l	P.B.T.D.	L		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				1.71	Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations												
Periorations									Depth Casin	ng Shoe		
		munu.		:				·			· · · · · · · · · · · · · · · · · · ·	
HOLE SIZE	TUBING, CASING AND											
HOLE SIZE	CASING & TUBING SIZE				<u> </u>	DEPTH SET			- :	SACKS CEMENT		
									-			
	-							······································	_	·····		
	-								-			
V. TEST DATA AND REQUES	ST FOR	ALLOW	ABLE			L				···		
OIL WELL (Test must be after r	ecovery of	total volume	of load	l oil a	nd must	be equal to or	exceed top allo	owable for th	is depth or be	for full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of T	est				Producing Me	thod (Flow, pu	unp, gas lift.	etc.)	, o. j 2 v 110 u		
								•	-			
Length of Test	Tubing Pressure					Casing Pressu	re	744	Choke Size	Choke Size		
	Oil - Bbls.					Water - Bbls.						
Actual Prod. During Test									Gas- MCF	Gas- MCF		
	1					<u>L</u>	+					
GAS WELL											•	
Actual Prod. Test - MCF/D	Length of Test					Bbls. Condensate/MMCF			Gravity of	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				PENET METERS AND THE			74	74-7-71			
puos, ouck pr.)					Casing Pressure (Shut in)			Choke Size				
VI OPERATOR CERTIFIC	L	E COM) T T A	NIC				 .				
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul				NC.	Ľ	\parallel		JSERV	/ATION	טווופוכ)NI	
Division have been complied with and	that the infe	ormation giv	vauon en abor	٧c		11		·ULI1V			<i>)</i> 11	
is true and complete to the best of my	knowledge	and belief.				D-1-	. A	A	SEP -	3 1001		
						Date	Approve	u	-	- 1331		
Pay Il. Collins												
Signature ROY D. COLLINS Pres. Collins O/G						By ORIGINAL SIGNED BY						
Printed Name	1168	• 00111	Title				MIKE W	MELIAMS) Hetolot II)		
8-28-91	623-	2040	1 1116			Title	15UPER	VISUR, U	ISTRICT I			
Date		Tele	phone	No.								

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.