

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

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

DISTRICT III
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

MAR 15 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

ARTESIA, OFFICE

Operator Collins Oil & Gas Corporation ✓		Well API No. 30-005-62764
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 Frank "P" State	Well No. 7	Pool Name, Including Formation Diablo-San-Andres	Kind of Lease State, Federal or Foreign XXXXXXXXXX	Lease No. LG-5246
Location Unit Letter <u>P</u> : <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line Section <u>21</u> Township <u>10S</u> Range <u>27E</u> , 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, Texas 77251					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Yates Petroleum	Address (Give address to which approved copy of this form is to be sent) 105 S. 4th Street, Artesia, NM 88210					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 21	Twp. 10S	Rge. 27E	Is gas actually connected? yes	When? 3/12/90

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 2/16/90	Date Compl. Ready to Prod. 3/1/90		Total Depth 2130		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3850 GL	Name of Producing Formation San-Andres		Top Oil/Gas Pay 2010		Tubing Depth 1800			
Perforations 2011, 2018, 2023, 2024, 2025, 2026, 2027, 2036, 2043, 2044, 2050, 2051, 2052, 2053, 2054, 2070, 2071, 2072, 2073, 2074, 2095, 2099.					Depth Casing Shoe 2130			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	8-5/8" J-55	452	300
7-7/8"	4 1/2" J-55	2130	400
	2-3/8"	1800	

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 3/2/90	Date of Test 3/14/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test • 24 hrs.	Tubing Pressure 120	Casing Pressure 280	Choke Size 1/4"
Actual Prod. During Test 75	Oil - Bbls. 75	Water - Bbls. 0	Gas - MCF 40

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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
ROY D. COLLINS Pres. Collins O/G
Printed Name Title
3/15/90 623-2040
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 16 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.