

OIL CONSERVATION DIVISION

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

MAY - 5 1992

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

O. C. D.  
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

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 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 Fee XXXXXXXXXX	Lease No. LG-5246
Location Unit Letter P : 990 Feet From The South Line and 990 Feet From The East Line Section 21 Township 10-S 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"/> Pueblo Petroleum Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 8249, Roswell, NM 88202					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Yates Petroleum Corp.	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	Tw. 10-S	Rge. 27E	Is gas actually connected? yes	When? 5-1-92

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

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.

By ROY D. COLLINS Pres. Collins O/G  
Title  
1-92 623-2040 Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY - 7 1992

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

NOTES: This form is to be filed in compliance with Rule 1104  
for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance  
111.

Forms of this form must be filled out for allowable on new and recompleted wells.  
Any Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.  
This form must be filed for each pool in multiply completed wells