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

State of New Mexico

gy, Minerals and Natural Resources Departm.

RECEIVED

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

0012

OCT 2 3 1991 O. C. D.

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

Santa Fe, New Mexico 87504-2088

000 Rio Brazos Rd., Aztec, NM 87410			LE AND AUTHORIZA AND NATURAL GAS	TION		
Operator Collins	OI1 & Gas Co		/	Well API No. 30-005-62866		
vidress		ell, NM 8820	2–2443			
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Change i	in Transporter of:	Other (Please explain)			
change of operator give name ad address of previous operator						
I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Includin McKim State 1 Diablo-San-			=	Kind of Lease State x fierbyral on they	Lease No. LG-5246	
ocation	. 990	·		F . F . D . F		
Unit Letter B Section 21 Townshi	10.6	Range 27E	orth Line and 1650		County	
II. DESIGNATION OF TRAN	<u> </u>			**************************************		
lame of Authorized Transporter of Oil X or Condensate			Address (Give address to which approved copy of this form is to be sent)			
Pueblo Petroleum Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas			P.O. Box 8249 Roswell, NM 88202 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 Sec.	Twp. Rgc. 10-S 27E	Is gas actually connected?	When ?		
f this production is commingled with that IV. COMPLETION DATA						
Designate Type of Completion	Oil W	•	New Well Workover X	Deepen Plug Back S	ame Res'v Diff Res'v	
Date Spudded	Date Compl. Ready	to Prod.	Total Depth	P.B.T.D.		
9-14-91	10-5-91		2140 Top Oil Gas Pay			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation San-Andres		2040 2100	Tubing Depth 2080			
Perforations San-Andres			2100	Depth Casing	Shoe	
2100,2101,2102,2103,2	104,2105,2106	,2107,2108,	& 2109	2140	•	
			CEMENTING RECORD			
HOLE SIZE			DEPTH SET	SA	CKS CEMENT	
12½"			533	270	Post ID-2	
7–7/8"	41/2"		2140	200	11-25-91	
					comp + BK	
V. TEST DATA AND REQUE				while for this doubt as he for	r Gill 24 hours	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	ne oj toda oti ana mis	Producing Method (Flow, pun		1 juli 24 nows.)	
10-6-91	10-19	9_91	Pumping	,		
ength of Test Tubing Pressure		Casing Pressure	Choke Size			
24 hrs.	0		100			
Actual Prod. During Test Oil - Bbls.			Water - Bbls.	Gas- MCF	Gas- MCF	
31			4	4 . 10		
GAS WELL					•	
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF	Gravity of Co	Gravity of Condensate	
Testing Method (pitot, 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.			OIL CONSERVATION DIVISION NOV 1 4 1991 Date Approved			
Signature Collins			By ORIGINAL SIGNED BY MIKE WILLIAMS			
ROY D. COLLINS Printed Name 10-21-91	Pres. Collin 623-2040	ns_O/G Title		PERVISOR, DISTRIC	T 19	
Date	020 2040	Telephone No.	State of the state	This Material of Charles for references of the spills of consistences.	and the same of th	

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.