

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

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

RECEIVED

SEP 02 1992

O. C. D.

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator	Collins Oil & Gas Corporation	Well API No.	30-005-62897
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	Paula "K" State	Well No.	4	Pool Name, Including Formation	Diablo-San Andres	Kind of Lease	State, <del>Lease</del> <input checked="" type="checkbox"/> <del>Lease</del> <input checked="" type="checkbox"/>	Lease No.	LG-5246
Location									
Unit Letter	J	: 1980	Feet From The	South	Line and	1980	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"/>	Address (Give address to which approved copy of this form is to be sent)				
Scurlock Permian Corp.		P.O. Box 4648, Houston, TX 77210-4648				
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Yates Petroleum Corp.		105 S. 4th Street, Artesia, NM 88210				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	J	21	10-S	27E	yes	9-1-92

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
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
6-5-92	8-29-92		2073					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3823 GL	San-Andres		2010		2060			
Perforations	2010, 2011, 2012, 2019, 2020, 2021, 2022, 2029, 2030, 2042, 2047, 2048, 2049.				Depth Casing Shoe			
					2073			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 $\frac{1}{2}$	8-5/8"	565	200 Post FD-2
8"	5 $\frac{1}{2}$ "	2073	200 10-9-92
			camp + BK

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.)	
8-29-92	8-30-92	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	0	100	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
32	32	0	25

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MNCF	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  
Printed Name ROY D. COLLINS Pres. Collins O/G  
Title 9-1-92 623-2040  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 16 1992

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

All sections of this form must be filled out for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

Separate Form C-104 must be filed for each pool in multiply completed wells