

OIL CONSERVATION DIVISION

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

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

MAY 28 1993

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Collins Oil & Gas Corporation		Well API No. 30-005-62955
Address P.O. Box 2443, Roswell, NM 88202		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER 7/26/93 UNLESS IT IS DUE TO: PIPE STOP OR DAMAGED
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

SEACME

Lease Name Bill Thorp State	Well No. 1	Pool Name, Including Formation Palma Mesa - San Andres	Kind of Lease State, Federal or Other XXXXXXX	Lease No. V-2982
Location Unit Letter M : 330 Feet From The South Line and 330 Feet From The West Line Section 12 Township 8-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"/> Scurlock Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648, Houston, TX 77210-4648
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 M Sec. 12 Twp. 8-S Rge. 27E	Is gas actually connected? When ? no

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 4-22-93	Date Compl. Ready to Prod. 5-10-93	Total Depth 2170	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3926 GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 2109	Tubing Depth 2150					
Perforations 2 spf. 4/10" holes at 2120, 2122, 2132, 2133, 2134, 2138, 2139, 2140, 2145, 2148, 2155, 2158, 2159, 2160, 2162, 2164.		Depth Casing Shoe 2170						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	8-5/8" 24 lb.		463		275 Post ID-2			
7-7/8"	4 1/2" 10.50 lb.		2170		200 6-11-93			
	2-3/8"		2150		comp & 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 5-10-93	Date of Test 5-14-93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 150	Choke Size
Actual Prod. During Test 42	Oil - Bbls. 42	Water - Bbls. 0	Gas - MCF 30

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

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
Date 5-16-93 Telephone No. 623-2040

OIL CONSERVATION DIVISION

Date Approved MAY 28 1993

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.